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## EDITORIAL COMMENT

### THE DEVELOPMENT OF OUR ORGANIZATIONS

The Revision Committee, having the matter in charge, is again studying the question of the complete reorganization of our national association. We seem to have so completely outgrown our old way of doing things and to have become so unwieldy because of our increase in numbers, that a new method of membership and representation in the national must be devised. It is a time for everyone who has views on this subject to speak. The members of the committee are not, themselves, sure that the plans they may recommend are the wisest and it is only from great numbers of suggestions, from many workers, that we can hope to reach a satisfactory solution to this never-ending task. We must realize that what we do today will be undone by groups who are to follow, just as we are constantly tearing down the structure and rebuilding on the foundation laid by those who have preceded us.

If we could start afresh and eliminate all of our present organizations, it would seem comparatively easy to reconstruct, and even as it is, if we could only agree upon a method, it would be comparatively easy. It is the opinion of many of the older group that the alumnae association has outlived its usefulness as a unit in the American Nurses' Association. In order to avoid the duplication of membership which now so complicates our organization machinery, we would suggest that all of the members of alumnae associations who are not already in a county association, should be transferred to one as individual members; that these county associations should be organized or become more highly developed than they are in most places, and that they should include the League members, the Public Health members and the Private Duty members as separate sections, each having its chairman, secretary and programme committee, each holding separate meetings periodically, but all coming together as a whole at stated intervals.

In the beginning, all members of these different groups, whether registered nurses or not, might come into the county association on an equal basis, as no change can be retroactive, but after the period of reorganization, only registered nurses would be admitted to such societies.

The state associations might be composed of an affiliation of the county societies, each county society sending delegates representing its different sections according to its membership. Individual members in the state associations could be only those who had previously served as delegates from the county.

Some brighter mind than ours will doubtless see the best way of working out the representation from the states to the national, but it would seem not an impossible thing for the state association to select from its county delegates representing the three sections of work, members in proper proportion, to attend the national.

The national association could be subdivided into the three sections, League, Public Health and Private Duty, one session only, at an annual convention, being devoted to section meetings, the rest of the programme being devoted to general sessions in which the different departments of work are equally represented. In this way, those nurses who are specializing in any one of these three departments of work would come in touch with the forward movements of the other two sections, which we consider very essential for their own good as well as for the body as a whole, especially as nurses are so frequently changing from one department of work to another and to keep them from being narrowed down to the routine of one department. We cannot cling to the old idea of a separate organization for the teaching body and another organization for public health nurses and reorganize our American Nurses' Association into an efficient national body. The American Nurses' Association should mean the entire nursing body in all of its departments and ramifications. Its officers and committees should be equally representative of all of its members not only in connection with departments of work but with due regard to geographical location.

Any change in the by-laws of the national association involves a tremendous amount of labor for those having the matter in hand; such changes involve not only time and effort, but expense for traveling, printing and legal advice, they ought, therefore, to be made at as long intervals as possible. Consequently, as we have already said, before the meeting of the Association in New Orleans, the latter part of April, every member who has an idea or suggestion should give expression to it; such suggestions may be sent to the secretary of the Association or expressed through the pages of this JOURNAL.

## SHOULD PRIVATE NURSES ORGANIZE?

Miss Parsons, in a paper published in this issue, which was read at an open meeting of the central directory in Boston, had the courage to put before a large group of private duty nurses some of those criticisms to which every superintendent of a training school has to listen more or less. A discriminating person easily learns to judge of the justice or injustice of such criticisms. There are unreasonable patients and over-exacting physicians whose statements must be accepted with a grain of salt but, on the other hand, there are the frequently-occurring complaints such as Miss Parsons has enumerated which such a superintendent is forced to recognize as true and which cast discredit upon the whole nursing body.

We know the great rank and file of private duty nurses go about their work conscientiously, receiving little condemnation and much approbation for what they do, but it is a small group of women, oftentimes exceedingly efficient in the performance of their professional duties, who are temperamentally or ethically at fault, who give rise to complaints which can be traced back to them over and over. Miss Parsons recommends as a remedy for regulating many of the causes which lead to criticism that private duty nurses shall organize independently. We differ from Miss Parsons in thinking that the remedy does not lie along these lines. We already have too many organizations. The really interested women in the profession pay dues, practically belong to them all and do the work in them all, and a comparatively small number of these active nurses are in the private duty field. There is ample opportunity in either the alumnae or the county society for all the discipline that is necessary. The fault at the present time is that grumblers, selfish and incompetent women, are permitted to remain in our associations and on our registries indefinitely and the whole nursing body, not only locally but nationally, suffers as a result. Every nurse enrolled in a properly-organized central directory, controlled by nurses, should expect to have criticisms or complaints of her work or conduct thoroughly investigated by the committee in charge and should know that when she has, after a hearing, been proven to be at fault, she will be summarily dismissed. We cannot expect that directories which are operated by individuals, non-professional people, for commercial gain, would be conducted on this basis, but professional registries, established as we now begin to have them, for registered nurses only, should be conducted with rigid regard for the service rendered the public and for the protection of all of its members.

## SOME JOURNAL CHANGES

With the new year there are several changes in the form of the JOURNAL which will broaden its influence and add greatly to its interest to our readers. A new department is established, to be known as the  
→ Department of Nursing Education, which is in charge of Isabel M. Stewart, Teachers College, New York, who will have associated with her Lillian Clayton of the Philadelphia General Hospital and Anna C. Jammé of Sacramento, California, who will gather and present, in condensed form, new ideas and methods in the strictly educational side of nursing work. Miss Riddle, in her department of Hospital and Training School Administration, will have two assistants, not yet selected, who will help her develop that department more fully than, with her many duties, she has been able to do alone. Miss Foley, in the Department of Public Health Nursing, will be assisted by Bessie B. Randall of Omaha and Eleanor Jones of Baltimore.

The reason for thus enlarging the staff of department editors is that the whole field of work which these departments represent may be more completely covered.

## WANT ADVERTISEMENTS

We frequently receive letters from nurses asking about positions of various kinds. Occasionally we happen to know of a position to be filled or of an excellent woman waiting for a position, but we have ceased to conduct a bureau for institutional positions, as we found it impossible to know the exact character of the institution having positions to be filled or the personal qualifications of the applicants. Our usual procedure in replying to letters of this character is to advise the writer to advertise in the JOURNAL or to answer the advertisements to be found in its columns. Not long ago the proprietor of a private sanatorium in the south sent an advertisement, with a check to pay for its insertion for three months. Immediately after its first appearance, he wrote post haste, asking that it be discontinued, as he had received over 200 replies from women who seemed to be equally competent and adapted to his needs. A more recent advertisement brought 70 replies, a large proportion of them from able applicants. The advantage of advertising through a professional magazine of this class is that the JOURNAL is read by the prominent members of the profession and that advertisements can be placed in the JOURNAL or answered by women who are already holding positions and who are looking for an opportunity to better their condition.



## A PORTRAIT OF ISABEL HAMPTON ROBB

Those of our readers who have been so glad to avail themselves of the opportunity to secure a portrait of Miss Richards for their training schools will be interested to know that one of the ways that has been found to help forward the campaign for completing the Isabel Hampton Robb Fund is by arranging for the sale of Mrs. Robb's portrait. A very beautiful and artistic reproduction of a photograph of her, taken in her uniform shortly before she left the Johns Hopkins Hospital, is for the first time to be made generally available. The portrait is 8 x 10 in size, a soft brown in color, and may be secured from Elsie M. Lawler, superintendent of nurses, Johns Hopkins Hospital, Baltimore, Maryland, who has kindly consented to handle this branch of the committee's work. It is believed that most training schools will gladly avail themselves of this chance of securing Mrs. Robb's portrait for their class rooms and that many of her pupils, colleagues and friends will also welcome the opportunity. The cost has been placed at the very moderate sum of \$1.50 and postage.

Inquiries and orders should be sent directly to Miss Lawler.

## RED CROSS ORGANIZATION CHANGES

At the annual meeting of the American Red Cross, held in Washington, December 8, 1913, there was a general revision of the constitution and by-laws. The administration has been placed under a central committee of which Mr. William H. Taft is chairman. The three relief boards—War, National and International—have been made advisory boards. The National Committee on Red Cross Nursing Service is no longer a sub-committee of the War Relief Board, but is appointed directly by the Central Committee and works under its direction. A National Committee on Medical Service, similar to that on Nursing Service is soon to be appointed and the members of these two committees are to be members of the general board of the American Red Cross. The delegates from state nurses' associations have also been made members of the general board with the right of delegate representation. A new class of members was provided for. Any nurse enrolled in the Red Cross Nursing Service becomes a member of the Red Cross, without the payment of dues, and may have the Red Cross magazine for fifty cents. These may either be members at large or may become members of their local chapters. The general work of the Red Cross will be under two directors, for military relief and civilian relief.

## WHAT THE MEDICAL PROFESSION CAN CONTRIBUTE TO NURSING EDUCATION<sup>1</sup>

By HENRY B. FAVILL, R.N.

*Chicago, Ill.*

It is a great pleasure to be here, and in any case I have been so well brought up in hospitals that when a head nurse tells me to do a thing, I do it, but apart from that acquiescence, my acceptance of the invitation to speak here today is an essential gratification to me as it furnishes an opportunity to express the feelings which I have long held upon the question you are considering. I have had large experience with the training of nurses, in a way, and through the years which that experience has covered, I have been very conscious that there was a distinct lack in the contribution made by the medical profession to the education of nurses. I realize, as your president says, that if it had been all in the hands of the medical profession, the education of nurses would have been meagre, halting and difficult; on the other hand, as compared with the contribution the medical profession might have made, what it has made is meagre. When you come to consider the relationship between the nursing body and the medical body you see at once that there is a relationship of interdependence so close as to be practically unique in human affairs. Of course before there were trained nurses, there was a practice of medicine, such as it was. When I say, "such as it was," I mean all that those words convey. The practice of medicine, whether in public or private today, is not what it was before the day of trained nurses. It so happens that there is an almost exact coincidence between modern medicine and trained nursing. Trained nursing began in the late seventies and modern medicine began then. So far as the necessity of the nurse was concerned, it was absolutely dependent upon the new thought of medicine and the progress of that new thought in medicine was absolutely dependent upon the evolution of an adequate trained nurse, so this interdependence is so great that it is inconceivable that there could be any lack of interest by the medical profession in the development of the nursing profession. In the hospital and in public I have often said, and I now repeat, that a hospital is not made by its medical staff; it is made by its training school. In the long run

<sup>1</sup> Read at the joint meeting of the American Nurses' Association, National League of Nursing Education and National Organization for Public Health Nursing held at the Greek Theatre, Berkeley, California, June 23, 1915, with members of the American Hospital Association as guests.

it will be exactly in correspondence with the quality of its training school, yet what have we as physicians done about it? In many ways we have done a good deal, but the fact is we have for the most part depended on having the education of the nurse done for us. What have we contributed? Criticism, not unfriendly criticism, not captious criticism, necessarily, but it has been criticism. Nurses have been furnished us, have been utilized, and have been educated and improved, undoubtedly, through the process of criticism, but it has been essentially negative as far as we have put anything into it. In contrast to that, what could we have done? We might have furnished a constructive program, a constructive contribution of some kind.

What do I mean by that? Of all the words used to juggle and to conjure with, the word constructive is perhaps the easiest and most effective. What does anybody mean by constructive with reference to the question of the education of nurses? I am not sure that I know, but I am going to try and analyze it and see what we do or might mean. Let us stop and consider the evolution of the nurse, from the time she began, as a little girl, to think of what she is going to do, up to the time when she goes ahead and does it. Fortunately most nurses go into nursing for the sake of a job not because they are "called" or have a mission; simply because it is a practical way of getting education and independent living; fundamentally an economic proposition with the great majority.

Why do I say fortunately? Because the foundation upon which a girl could make that choice as a matter of mission would be a foundation so insecure, so lacking in knowledge and intelligence, that she would be almost sure to make a mistake if she went in with the idea of being called, or with the thought of sentiment. I do not decry that, but I realize that in the nature of things such a girl cannot know what she is talking about, or thinking about, so, fortunately, girls do not go in because they are called, but because they want some way to earn a living. On the other hand, the question before us as trainers of nurses and I include myself in this, because I am doing what I can in training schools, is, shall that experience that this young girl has in the training school be and remain a simple economic proposition, the simple acquiring of a job in a skilled trade, or shall it under the experience, under the light which may be shed upon it, under the gradual evolution of the great human aspect of the situation, be made to develop into a mission in the end? That is a very different proposition. I do not care to see the nurse go into training because she feels it is her mission. I do feel that the only way she can go out and adequately justify the situation is with the conviction that she has a mission. You see perfectly well what I mean

by that. The transfer from the mere natural, in going into a mode of livelihood, under the great light and warmth and inspiration of the situation, should be into a highly spiritual production, and there is all the difference in the world between the two situations. That is the thing that we as doctors, must strive for. Do we do it? Are we successful in that effort? In the very nature of things, no, not in general, not universally; and, in the very nature of things, yes, very often, with reference to particular individuals. But after all, are we getting as large a measure of that spiritual quality in our graduates as the situation justifies and demands? I think not. I am not here to say why, exactly, because to do that would mean going too far afield. I simply want to call attention to the situation, but you see, as I outlined this thing, how the term constructive begins to find a scope. There is plenty that can be done along this line of creating an atmosphere, of creating a trend of thought, of creating an interpretation of life. There is obviously a great deal that is constructive, that can be done by somebody, whoever the right somebody may be.

As to the make-up of a nurse, what shall it be? I do not want to stop today to discuss a lot of detail about qualifications or educational qualities, but I believe they should be good enough and high enough, whatever the level may be found to be, and that the same caution should be used in making the standards, that they be not too high, that must be exercised in the medical profession. In the medical profession we came near fixing them too high and had to go back. Do not you do that. As a general rule, a high school standard seems to me a pretty good one. I have seen girls with not very much education that I knew would do well, and girls with more education that I knew it would be a crime to prevent. But on the whole I would say we must have a preliminary educational qualification of considerable consequence. Why? Not because it represents any particular measure of knowledge that this candidate has, or that we want this candidate to have, but because for the most part it is the index of aspiration, and it is the aspiration, not the particular modicum of knowledge that anybody may have that is valuable.

Secondly, although I realize the importance for practical administrative purposes of preliminary educational qualifications, and am willing to agree to whatever standard the nursing profession sets, I am not willing to make it a crucial qualification. It is a matter for the exercise of the wisest judgment and common sense. On the other hand, there is something we want nurses to have before we get through, no matter where they stop, and that is very difficult for me to state. We want nurses to have a point of view, an orientation if you like, of themselves,

with reference to all the problems of life. Well, you say, everybody ought to have that. True, but the nurse more than any other person, except the physician. They are the two people who need a certain understanding, a social orientation above all others that will enable them to know what their relationship is to the great human problems of life. Now there is where we fail, and I do not know but that it is inevitable that we fail. I do not know whether we can ever do it, but I know we want to produce in our graduate nurses a social consciousness that will put them in the place where they belong with reference to the great privileges and obligations which surround them.

And how are we going to do it? What do we want of them? Why do I put such emphasis on this question of social orientation?

Well, remember, that there is a time in the affairs of men, women and children when there is an access to the inner citadel more pronounced, more vulnerable than at any other time, and that is during the prevalence of trouble, of sorrow, of sickness, of pain, of death, or whatever may be involved in all these things. There is a time when all humanity has its guards down and that is the time of contact between the physician and trained nurse and the people.

Now, because of that time, because of that contact, and because of that opportunity, there is a resultant factor and that is obligation. Because we have that opportunity it is absolutely up to us to meet it. And it is that thing that is so hard to bring to nurses, and no harder to bring to them than the physicians, and it is that thing that is absolutely necessary in order to fully round out this educational proposition. We have to teach our nurses that because of the peculiarities of their professional relations, there is an opportunity and a function of leadership, influence, pressure, whatever it may be, an opportunity to be peculiarly influential with people. Nurses do not begin to see that line of differentiation between them and ordinary people but it is there, a line of differentiation between them and anybody else, except the physician, and it is something well worth while teaching them, well worth trying to make them realize, that their very status in the community involves certain obligations and certain limitations that do not belong to other people. That is what I mean by the point of view that we want to bring to them.

What is the leadership? They cannot go out as young girls from the hospital and be very pronounced leaders right off. I am not stopping to argue the question of preparing our girls for social work. I do not want every graduate nurse to be an expert social service nurse; we have to make our selection for that. I do not want every nurse to know the technique of social service. I would like her to know the



lingo, would like her to know the purpose and quality of the social service worker, but I am not arguing for making every nurse a social service worker. No young girl goes out from graduation with any of these qualities strongly developed that are going to make her a leader, yet she is in the position for leadership, and has a perfectly definite moral function looking thereto.

What is her next step? To me this is the crux of the whole situation. The continuation of her education, the continuation of her study, of her effort to improve herself and make out of herself in her ultimate form something which is merely indicated to her in her earlier course, and which, unless developed, leaves her merely a skilled worker, and not a member of a profession.

That is the thing in which we find the great failure in this whole situation. Nurses do not go on, they do not study, they do not work, they do not strive to develop themselves, and thereby raise themselves from the point of being merely members of a skilled trade to the standpoint of a learned profession. It is not within the power of anybody to bring that to pass, except the nurses themselves, with the help we can give, ever looking toward it.

This brings me to another question. Perhaps you thought I never was going to get to it. What can the medical profession contribute to this educational process?

Let me say to you earnestly, without complacency and with humility, that the first thing we can contribute to this situation is to put our own house in order. There is not anyone who knows that better than you do. That is the first step in the proposition so far as strengthening, amalgamating, and adding quality to the relationship between the medical and nursing professions is concerned. That is not said in any harping spirit. I am not blaming us any more than I am blaming you. The point is we are not in a position in reference to these questions, namely, point of view, social consciousness, and continuous development and aspiration, to say that we are in any much better situation than you. The first thing for us to do is to admit that, and get to work to straighten it out.

I cannot take time to discuss the features of that. It simply means that everything I have said with reference to the trained nurse is still more true with reference to the medical profession. Everything I have stated as a desideratum in the trained nurse is still more so in the case of the physician.

Now the question is, if we can clear up our own territory, if we can clean our own house and get things right, what contribution can we make to you, what assistance can we be to you in the situation? Of

course that is rather a large question. There is no end of indirect assistance we can give, no end of positive, affirmative and negative things we can do that will be helpful. It would involve a discussion of relationship between the two professions to really deal with that.

The only thing now I want to talk about just for a minute in closing, is this: in my opinion, it is the bounden duty of the medical profession in its best ranks, in its strongest pedagogic individuals, in its men of largest influence, to participate actively in the formal education of nurses. That sounds as though I were simply appreciating something already existing. It does not exist. Who are called on to deliver lectures to the nurses in training schools? The internes, the fellows just out of school, the smart young fellows who are good assistants, clever, able young fellows, whose interpretation of the situation is worth very little. I am not trying to underestimate my young colleagues, but to make a picture out of which I draw the conclusion, that it is the bounden duty of the strongest, most experienced and most philosophical men in the medical profession to participate in the teaching of nurses in any direction in which their contribution is more valuable than the perfunctory contribution of somebody else. I do not know how that is to be accomplished. The head men are busy. They do not like to do it, they have not the time, and I don't know but that it is a little *infra dig* to go out and lecture to nurses if you are the top man in the profession; maybe it is, I don't know, but it has to be reformed in some way, because the things we have to offer as the result of years of experience and thought and elimination and general interpretation, are the things that only the older and more experienced practitioners have, and are the things that are necessary to give to our nurses; and if we cannot get these things from them, we cannot get them at all.

I am making my statement of belief to you educators of nurses that our greatest contribution comes in forgetting our convenience and giving ourselves as freely as may be asked for the benefit of this general need.

#### WHY PRIVATE NURSES SHOULD ORGANIZE

By SARA E. PARSONS, R.N.

*Boston, Mass.*

Perhaps private nurses will say, "We are organized, we belong to our alumnae organizations and to the American Nurses' Association." That may be true, but in this age of specialization and intensive effort these organizations cannot devote themselves exclusively to the interests of the private nurse.

I sometimes think nurses in private practice do not realize as do we in institutions the need of organization among themselves. Some of those who do, say that it is impossible because they cannot be brought together. It would be difficult, of course, but not too difficult. The nurses in Philadelphia have shown the way. Private nursing, of all the branches of work taken up by graduates the oldest of all, because it dates back into prehistoric ages, is the only branch at a standstill, professionally, financially, socially and ethically, a strong statement, but true, I believe. Professionally the private nurse is working today as she worked twenty years ago, except that she is allowing her field to be more and more invaded by a poorly-trained or non-trained class of women, who call themselves graduate nurses.

3rd? One private nurse has written a splendid book, but in all these years it is the only important contribution to literature that has been made to professional knowledge in nursing lines by a private duty nurse. Private duty nurses ought to have a Journal department of their own, but they haven't and they contribute comparatively little to journals. Private nurses are not, as a class, bringing any constructive ideas back to their schools concerning the future training of nurses. As a class they are not making their influence felt in the community, as such a large body of workers should; until they are organized they have no way of doing so.

Financially, private nurses are earning just what they have been earning for the last fifteen years and every other class of workers is earning enough more to keep up with the increased cost of living.

Socially, while private nurses are regarded individually according to their personal merit, as a class they are suffering in the minds of the great public whom they serve and of the medical profession; and the private nurse, as a private nurse, has no status that she may be proud of. This is a very painful conviction to hold, but how can any superintendent think otherwise when the parents and relatives of almost all the applicants who come to her school, state specifically that they do not want the young women to go into private work. They want other people's relatives to do the private duty. Several medical men have said such and such a nurse is too good or too superior to stay in private work; even those men who most need the clever, refined, well-educated woman, say the same and when their own daughters or sisters take up nurse training, it is usually to prepare for some other branch of work. There are very few exceptions to this rule.

Ethically, private nurses are making no concerted effort to eliminate unworthy members from their profession or to instruct new nurses who enter the field as to the wisest and best course for achieving success

in their work. There is no uniformity in practice as to the use of directories or in interpreting the usual rules for governing the business affairs peculiar to private practice.

In Boston, the original practice of charging patients for laundry and travelling expenses, which was initiated by the Medical Directory, I am told, still pertains very generally. This means that personal affairs are dragged into general discussion between doctors and patients about nurses, which is degrading to the nurse every time it happens. Some months ago a doctor turned over a bunch of correspondence between himself and a patient where the problem involved was why three nurses employed by that patient charged varying prices for laundry. One asked \$1 a week, another \$2 and the last asked \$3 a week. There has been much criticism also as to five-cent carfares being put on the bills.

Recently a prominent doctor in the city, who employs many nurses, came to ask what I thought of the ethical significance of the following situations. Two nurses were employed in a family of moderate means to care for a surgical case. Their patient was well on the road to recovery when another member of the family had to have an operation and neither nurse would do anything for the second patient. The refusal of the night nurse was particularly conspicuous, as her patient required almost no care during the night. One nurse, in presenting her bill for several weeks and three or four days, charged \$25 per week and \$4 per day for the odd days and \$5 per week for laundry. Another nurse left one of her sick patients because someone told her that the morals of the patient and her husband were bad. All this was complained of to the doctor, who was in no position to do anything about it and no good was accomplished except to irritate him with trained nurses in general. I am thankful to say that I don't think doctors want these problems to solve. They would be glad if the nurses would work them out themselves.

If a doctor is guilty of professional misdemeanor, the case can be taken up by the medical society to which he belongs, because you can be sure that all doctors who have any standing whatever belong to the state or county society.

Probably the most demoralizing feature of the whole situation today is the ease with which anyone can enter private nursing practice. It is much harder for the untrained nurse to get into institutions, where she would really be much safer than she is outside. Not long ago one woman came to apply for entrance to the training school who had once been in the school for six months, had left under a cloud, but had been doing private work for ten years, had registered at the

Medical Directory, had often asked \$25 a week for her services, but had tired of private work and was willing to spend three years in training to become eligible for institution work. This is not an isolated instance and it is the kind of thing that has dragged down the reputation of trained nursing.

Probably of all the private nurses who are reading this, there are few who would approve of any of the unethical things of which doctors and patients are complaining and the only reason I have for bringing these unpleasant facts to your attention, is because I admire and respect the private nurse. I believe her work, well done, is one of the noblest services rendered to humanity. Her opportunities for usefulness are enormous. No one comes in such close contact with such a variety of people. No one of whom I can think is in a position to win such undying gratitude and affection, or the reverse, as the private nurse. It is work that requires all the angelic virtues, the wisdom of the serpent and unlimited charity for and faith in human nature.

I believe this branch of our wonderful profession can be put on the highest level. Some persons have told me, when I have expressed myself thus, "You can never put manual, personal service on a level that will command social appreciation." I declare that it can be done if intelligence and education are put into the work.

The private nurse represents the doctor's eyes, ears and mind when he is absent. It is she who must note whether or not his services are required in an emergency; it is she who must often judge whether or not a medicine is needed and it is her ability and training that release the doctor from the constant attendance on his patients that used to be necessary.

The trained private duty nurse has become indispensable. The people of moderate means would rather mortgage their homes than risk the lives of their loved ones without her care. It has been most interesting to see how many times it has been the influence of a trusted private nurse who has procured a governor's signature to a registration bill; also, I have observed that the nurses who have legacies left them by grateful patients are private duty nurses; seldom, if ever, an institutional or public health nurse.

But all this makes me believe that it is imperative that a group of high minded, well trained, ethical, private nurses should organize for the purpose of mutual help and professional uplift.

As the surgeons have organized their American College, which admits only those men who are well trained, who are respected in their local societies and communities, who have contributed something to professional advancement and who eliminate the fee-splitting, unethi-



cal applicant, so I think the private nurses should band themselves together and make a league that would stand for so much that was fine and splendid that all private nurses would seek to qualify for membership.

You ought to be organized so that a young nurse could turn to you for advice in her perplexities, so that doctors and patients could turn their complaints in to your tribunal, so that superintendents of training schools could turn to you for advice in formulating their curriculum.

Private nursing must stand higher than it has ever stood. There must be room for advancement in it, there must be proof that the nurse who has worked successfully for five, ten or fifteen years is worth more to her patients than the new graduate. There must ultimately be a sliding scale of charges. The helpers and less trained women must not be designated as nurses in the future; you must have your trained attendants who can do the work which requires little or no skill and who can be called in often to help you or to act as your assistant.

The well trained, private nurse, the intelligent refined woman, will always be in demand, but she will cease to be in the market unless conditions are improved, and in closing I hope you will believe that this subject is really worth your serious consideration and that while I believe you should have a powerful, influential organization that is entirely your own, you must still federate with the rest for mutual assistance.

I believe the Central Directory might be made one powerful factor in the progress upward of your branch of the profession and I would suggest that if you do organize that you admit those who have trained in recognized schools, who are in good standing in their alumnae societies and state organizations and who have done private nursing successfully at least one year. Fortunately, measles and whopping cough are not the only things that are catching, enthusiasm, generosity and courage are contagious. Where two or three are gathered together great inspirations may grow and now is the time for *leaders* to develop among the private nurses.

#### SCHOLARSHIPS FOR SCHOOLS OF NURSING<sup>1</sup>

By GRACE E. ALLISON, R.N.

Cleveland, Ohio

The term scholarship has been used for many years in connection with various educational foundations, but it is not until very recently that we have been awakened to such a need for those seeking advance-

<sup>1</sup> Read at the twelfth annual meeting of the Ohio State Association of Graduate Nurses, Columbus, October 19, 1915.

ment in nursing work. Nurses, ambitious for their profession, now fully recognize that further preparation for the different fields of executive service is necessary, and the demand for specially prepared women now far exceeds any possibility of meeting the need.

Mrs. Robb early foresaw the future demand for specially prepared women. As a memorial to one whose far-reaching vision and unrelenting efforts have contributed so much to nursing, the National League of Nursing Education with the American Nurses' Association, in 1910 formulated plans whereby it was hoped to raise \$50,000, to be known as The Isabel Hampton Robb Memorial Fund. Up to the present time, less than \$16,000 has been raised which permits of only three scholarships yearly of the amount of \$200 each. During this short period forty qualified candidates have made application, twelve of whom have received the award.

Probably the most generally known course where opportunity is offered nurses for advanced work is in the Department of Nursing and Health, Teachers' College, Columbia University, New York. Here, by close application to study, students may prepare themselves for administrative teaching or public health work. A conservative cost for this course ranges from \$600 to \$800 per year, or an expenditure of \$1200 to \$1600 to complete the course of two years and secure a diploma. The appreciation of this opportunity is shown by the yearly increase in the number of students enrolled, eighty-one being registered in the department during the past year.

After completing one's preliminary education and subsequently spending two or three years of arduous work in a training school, it is natural that graduate nurses should cautiously undertake an expenditure of money, the return of which in increased salary is seldom, if ever, wholly made up. Women undertaking this work probably consider the monetary loss of less importance as compared with other sacrifices necessitated at the time. These women of mature age very often, necessarily, have no means for future dependence other than through their own exertions, and are, therefore, justified in proceeding judiciously before undertaking this large outlay of expense.

The advantages gained are not only for the individual in better preparedness for her work, but reach to a far greater measure toward the profession at large. Why should not a person of promising capabilities be given assistance?

Scholarships from this fund are not limited for use at Teachers College, but are awarded to students undertaking work in the School for Social Workers and Instructive Visiting Nurse Association, Boston; in the School of Civics, Chicago, and in the Henry Phipps Institute which affiliates with the Visiting Nurse Society of Philadelphia.

Scholarships in increasing numbers are being offered by private nursing organizations and training schools. The Visiting Nurse Association of Cleveland established, in 1913, a course for post graduate students who wished to prepare for public health work. Here the entire time of the student is devoted to class, and lecture work at the Western Reserve University, with which it has an affiliation, and in field work connected with the Association. The trustees of this association recognized the need for granting assistance to candidates and established, by private subscriptions, several scholarships for this purpose. These students receive \$450 for the nine months' course, this being sufficient, by economical expenditure, to meet the necessary expenses of the year, including tuition, which is \$75.00. Trustees in several hospitals have raised scholarships to assist qualified graduates who wish to pursue advanced work. The values range from \$200 to \$480 and are usually paid in part installments. Some of these are endowed, thereby insuring the income in perpetuity; others are subscribed yearly, and therefore may be withdrawn at any time. The Johns Hopkins Hospital School for Nurses offers a scholarship of the value of \$480 which is awarded yearly to a member of the graduating class who maintains the highest standing. The student receiving this scholarship may elect either a year at Teachers College, or the amount may be used for expenses while spending a year in post graduate executive experience and instruction in the different administrative and domestic departments of the hospital. Scholarships of a somewhat different character are offered in several nursing schools; these provide for living accommodations in return for a certain number of hours' teaching service to the institution. The recipient is thus able to carry on at the same time, some studies in a nearby college or university. Bellevue, Long Island College, and other nursing schools in New York, have for several years offered such scholarships and judging by the number of candidates, the arrangement seems to prove of mutual benefit.

Not a little gratifying is the interest now being awakened by individual alumnae associations. The alumnae association of the Michael Reese Hospital, Chicago, has recently established a scholarship to be used by one of their members yearly while undertaking work at Teachers College. Such an inspiration instituted by members for professional interests is very commendable and encourages nurses to prepare themselves for the work for which they may seem especially adapted or interested.

Not infrequently we meet with deserving students in the training schools who, through unexpected circumstances, find themselves unable to continue their course for reasons of a financial nature. Many

colleges, as well as training schools, have anticipated such a situation and established loan funds as a means of supplying relief to students. The regulation for this disbursement usually requires that students shall have maintained a good record and shall have been in the school for a period of at least one year, the amount to be repaid some time after graduation at a minimum amount of interest. For some reason nurses seem loath to apply for such relief, however great may be the financial strain. This may be due to the great gulf which in the past has existed between superintendent and student. May the time soon come in the schools when superintendents will be given more time to meet the students in a social way and thus break the barrier which has so long kept her in ignorance of the need of the individual student nurse.

Many training school circulars draw attention to the scholarships which they offer pupil nurses during their course of training. In the majority of cases these are in no sense scholarships, as no stipulation is made as to their use or expenditure; they are usually prizes given to those who excel in the theoretical and practical grading or who have obtained highest mention in some competitive work. These prizes have not proved satisfactory for the following reasons: a student ranking high in theory may be inefficient in practical work; likewise she may not be in need of financial aid and the result often follows that the student who needs assistance most and may have made the greatest effort, hence who is more deserving, becomes discouraged. Students not being in a position to understand all circumstances which determine as to whom the award shall be given, often suspect that partiality has been shown which altogether does not conduce to the best spirit in the school.

As in all professional and academic institutions, we find students of promising capabilities handicapped for want of encouragement and assistance. The great pressure of work in our schools has not permitted a sufficient study of the individual capacity of our students. We have not made allowance for individual differences and expect the same qualities to be developed in all students alike. Failure to realize this has a tendency to class the student as inefficient. For this reason many of our students do not reach their maximum efficiency until after graduation when they excel in some new work where individual initiative is encouraged. Furthermore students now graduate from our schools at a much younger age than formerly, and it is not until they are thrown upon their own resources and have an opportunity to gain an insight into the various fields of work, that they know to what they are best adapted. Students are better able to comprehend advanced post graduate study if at least one year of independent work intervenes between graduation and the later course. For these reasons a

wise provision has been made in some schools which provides that at least one year should elapse before a scholarship shall be granted a student for immediate use. By this means, qualifications would not be limited to only the work done under the very close supervision of the training school, but would rather be supplemented by more independent work.

Restrictions are too often placed upon scholarships, requiring that one, two or three years service shall be returned to the institution or association in return for a medium salary. Psychologists tell us that we develop our mental capacity in proportion to the mental stimulus and environment. Restrictions might therefore prove a handicap and the purpose be largely defeated. The natural and ideal tendency, under ordinary conditions, would encourage a desire to return one's best service to that institution whose assistance was accepted by the beneficiary. Where this is not felt, the task rendered and stimulated through a feeling of compulsory obligation would only result in works of mediocre quality and would therefore prove an unwise provision toward individual and institution alike.

In my opinion, a scholarship should never be sufficient to meet all expenses. Such provision for little effort on the part of the student is not conducive to the maximum amount of appreciation. They should also be farthest removed from any idea of charity but received in the spirit of deserved assistance granted in return for conspicuous effort on the part of the recipient. Granted to the right person, a scholarship may prove of such assistance to an individual that gratitude, through years of faithful service to the community, time could never erase.

However small may be the material value, let us increase our efforts to assist those who, through adversity, are striving onward toward higher ideals in nursing and social welfare.

#### HOW BEST TO AROUSE INTEREST IN NURSING ORGANIZATIONS<sup>1</sup>

By AGNES RUTHERFORD, R.N.

To best interest the nurse in our association and to obtain her as a member, we must surely interest her before she graduates. The pupil about to graduate is a very desirable acquisition. Fresh from her training, full of enthusiasm, the sense of schooling and drilling over, she is a willing and interested worker. But leave her free, and after

<sup>1</sup> Read at the tenth annual meeting of the Missouri State Nurses' Association, St. Louis, October 20.



two or three years of hard and steady work she will find liberty very sweet and the world will have many smiling inducements which appeal more to youth than do the association and its affairs. She prefers matinées, which have been few enough during training, concerts, an afternoon's shopping, to a mere meeting, but get that same young girl interested or make her a part of our association and give her recognition, she will be just as loyal a member and as regular in attendance as the older ones and more so.

Why not, during the last year of training, invite school or class papers on some subject chosen by the school or the association; perhaps on a new method used during training, on Twilight Sleep, or new anaesthetics, for example? The seniors could choose from their class a representative, prepare a paper and have it put before our meeting for discussion. Could we not offer an inducement, a prize, for the best paper by any pupil in any of the city's training schools? These papers could be read by the authors and the directors, after deciding which was best, could give a good text book as a prize, or perhaps a prize need not be offered, the honor of being first essayist might be enough.

Or one special meeting might be for the entertainment of the graduating classes of the different schools. Why not invite all pupil nurses to attend any special meetings or talks? They would meet their own graduates and get a little of the habit of coming, before they graduate. The nurse in training gets the new ideas before those in private nursing do; this makes her not only desirable, but necessary.

Youth, enthusiasm and modernism, the new graduate embodies all of these; surely we in our associations need her and in return we offer her a hearty welcome and a place in our affairs.

#### LITTLE MOTHERS' LEAGUES OF NEW YORK STATE

By ELIZABETH RENNERT, R.N.

*New York, N. Y.*

Owing to the great interest manifested in "Little Mothers' Leagues" and the numerous inquiries regarding their organization, it may be timely to give some information about them. These "leagues" were first organized in 1908, in the most crowded sections of New York City, by Dr. S. Josephine Baker, Director of the Division of Child Hygiene, New York City Department of Health. The instruction proved of great value and the members rendered such efficient aid toward keeping the babies well, that the leagues were extended throughout the city; last year, 25,000 girls were enrolled. They are now being exten-

sively organized under the New York State Department of Health as part of its campaign for the reduction of infant mortality, and they meet with equal success in rural and populous districts.

As many girls have to assist in caring for younger children in the home, it can readily be seen that a considerable percentage of the illness and death among infants may be traceable to the ignorance and carelessness of these "little mothers," and since all little girls are interested in babies and are naturally solicitous for their welfare, it was felt that if they could be taught the importance of proper care and feeding, this particular cause of the high infant death rate might be changed into one of the greatest factors in its reduction.

These leagues were originally intended for girls from twelve to sixteen years of age, but so many requests have been made to admit them younger, that the privilege has been extended to girls over ten if they desire to join or have special need for this instruction. A preliminary talk is given to explain the object of organization and to learn the number of those who desire to join; always advising them to gain the consent of parent or guardian. Upon request, the required number of enrollments cards are forwarded by the State Department of Health. Arrangements are made for the first meeting, when cards may be distributed, if this has not already been done. Members promise that they "will endeavor to do some one thing each day to help a baby," but this is not obligatory.

When cards are signed and returned, they are forwarded for filing to Dr. H. L. K. Shaw, Director, Division of Child Hygiene, New York State Department of Health, at Albany. The members then elect their own "president" and "secretary," the instructor or person in charge being the "honorary president." Roll is called and meetings conducted by the girls.

After attending several meetings, they are allowed to wear the "league" badge. By this time it can be seen whether they show sufficient interest to become worthy members and are likely to complete the course of instruction. It also checks their enrolling merely to get a badge. The badge is stamped with the state seal in gilt, surrounded by a circle of blue enamel, bearing the inscription, "Little Mothers' League; Keep the Baby Well." A special badge is worn by the president and secretary, of the same design, with the addition of a bar bearing the official title. Badges are purchased by the members.

Prizes are sometimes awarded for the best attendance, or to the girl who profits most by the instruction received. In many instances the leagues have given plays or pageants on the subject, written and acted by the members. In 1913, in New York City, through a gift from an

unknown donor, several banners were purchased and given to the leagues maintaining the best record and most efficient organization. This stimulates interest toward completing the "course," which consists of twenty lessons followed by a written examination. Certificates are given to those who pass this examination to the satisfaction of the instructor. Outline of lessons, examination questions, supplies, information, etc., are supplied by the New York State Department of Health.

The subjects of the lessons are as follows: 1. Growth and development of the baby; 2. Teething; 3. Observation of the well baby; 4. Observation of the sick baby; 5. Fresh air, the home; 6. Sleep and quiet; 7. Baby's bath; 8. Care of special organs, eyes, ears, nose and throat; 9. Baby's clothes; 10. The diaper and its care; 11. The baby's bed; 12. Feeding a baby; nature's method; 13. Milk; where it comes from and where to buy it; 14. Care of milk in the home, difference between mother's and cow's milk; 15. Milk modification, weaning; 16. Instructions for making barley water, whey, etc., diet from one to six years; 17. Prepared foods; uses, abuses and dangers; 18. Prevention of common diseases; 19. Training and education; 20. Flies, mosquitoes, fleas, lice, bedbugs, etc.

Each lesson and demonstration is preceded by a short talk relative to the subject, preferably by a physician. The girls are also expected to give practical demonstrations and to write occasional articles upon given subjects.

To secure the results desired from this instruction, the following equipment is advised: scales, two-burner gas stove, double-boiler, bowl and saucer, measuring glass, baby clothes, towels, spoons, feeding bottles, nipples, baby's bath-tub, bath thermometer, rubber sheeting, boric acid powder.

Affiliations with Infant Welfare stations will be found of great advantage.

Meetings are held twice a month, after school, and consume about half an hour. There are no dues, and no home work is required other than to encourage the girls in keeping a record of any little act of kindness done for a baby's welfare. This may consist in screening a baby from flies, shielding its eyes from the sun, taking it out for fresh air, keeping milk covered and cold, or advising another of the harmfulness of a pacifier, thumb-sucking, etc. Anything conducive to the welfare of babies is regarded as this "act of kindness."

While it is desirable to follow the "outline of lessons" as closely as possible, the instructor must exercise judgment in keeping the instruction within range of the intelligence of her class, and must encourage a

renewal of membership, particularly among the younger girls. The educational value of these leagues depends very largely upon the instructors, who must be enthusiastic as well as competent in this line of work.

Mothers should be encouraged to attend meetings, while the girls are advised to keep them informed of their progress and in this way carry the message home. Many mothers are too busy, others too indifferent, to seek information regarding the care of their children, yet are willing to apply this knowledge when it is brought to them.

In addition to the immediate value of this instruction, we cannot ignore the fact that the girls of to-day will be the mothers of the future and it is a duty to see that they are properly equipped for their responsibilities in life. At the present time our schools make no provision for this, the most essential of all knowledge, without which no woman's education is complete, regardless of her circumstances in life. Herbert Spencer, in his essay on Education, says, "Seriously, is it not an astonishing fact that though on the treatment of offspring depends their lives or deaths, yet not one word of instruction on the treatment of offspring is ever given to those who will by and by be parents? Is it not monstrous that the fate of the new generation should be left to the chances of unreasoning custom, impulse, fancy—joined to the suggestions of ignorant nurses and the prejudiced counsel of grandmothers?" Great Britain has recognized this need and for several years this instruction has been a necessary part of the educational system.

Where nurses have supervision in the schools, the instruction is usually included in their duties, but where no nurses or an insufficient number are employed, one can frequently enlist the interest of those having regular periods of leisure; married or retired nurses; or, still better, a special instructor receiving remuneration. Occasionally some person having the required qualifications and enthusiasm can be secured, although not a nurse. To have the ability to sustain interest is a large factor toward the success of these leagues. It must be borne in mind that "expression without impression" has no value.

In some instances instruction is given by nurses from the local hospitals, superintendents and boards of managers recognizing its value to the nurses and giving them special preparation.

At the present time, almost without exception, training schools give no special preparation for public health work, and few nurses upon graduation feel qualified to address meetings or impart their knowledge to others. When instructed therein, this experience gives them the necessary confidence which will be of great value should they choose public health nursing as their field.

If possible, it is advisable to have regular talks or occasional special lectures given by school or local physicians, to stimulate interest and encourage the attendance of mothers.

These leagues have already been organized in many of the cities, towns and rural sections of the state, in public and denominational schools, settlements, among Camp-fire, and other girls' clubs, for all year classes, or at playgrounds for summer work. For the latter, more frequent meetings are necessary to complete the course.

It may be of interest to learn that boys have also manifested interest in this movement and frequently inquire if they may "do something" and seem quite content when the usually despised duties, such as cleaning back yards, cellars, etc., are suggested as their share of Baby Welfare. The writer has in mind a talk given at one school wherein the boys were included; after its conclusion the principal inquired, "How many boys are not ashamed to say they love their babies at home quite as well as do their sisters?" and every hand was raised without the slightest hesitation. All promised to do their share toward improving sanitary conditions in the home and its surroundings.

Efforts along these lines will cultivate civic pride, which meets its reward in improved public health and general welfare. Can anyone deny that this will make better citizens of our boys? And while we are bending every effort toward better babies, let us not lose sight of the fact that better fathers and better mothers are the first essentials toward better babies.

#### A SOUNDER ECONOMIC BASIS FOR TRAINING SCHOOLS FOR NURSES

By M. ADELAIDE NUTTING, R.N.

*New York, N. Y.*

The clear implication in the title of this paper is that training schools for nurses do not at present rest upon an entirely sound economic foundation. It is advisable, therefore, I suppose, at the outset to try to show upon what kind of a basis such schools for nurses do actually rest, and to see how it compares with that of other schools and colleges.

The ordinary school or college with which we are familiar has three main ways of securing support. These are through public funds derived from taxation, through private funds by gifts, and through fees from students. The older of our great universities were founded by public moneys; the younger, such as Johns Hopkins, Stanford, Chicago, by private benevolence. Women's colleges have almost without



exception arisen through private gifts, individual or collective. Both universities and women's colleges are largely maintained by private philanthropy and all of them are perpetually seeking additional funds.

The alumnae of Vassar, Smith, Wellesley and others labor assiduously to gather contributions for their several colleges, either to increase existing endowments, to add new buildings, or to establish some new branch of instruction. Smith College, which just reports the admission of 1700 students, has quite recently closed a successful campaign for a million dollars; Wellesley has in an astonishingly brief time secured a much larger sum to restore her buildings lost by her disastrous fire. Bryn Mawr has recently had about three-quarters of a million given her by one alumna for the establishment and development of a particular line of work. Barnard has within the last month received from Jacob Schiff the splendid gift of over half a million for a new building. Within the space of two or three days, recently, there were announced in the daily press gifts to a few of our eastern colleges within a comparatively small area which, in the aggregate, amount to over a million and a half of dollars. These gifts may be devoted to the field of general education or to the support and advancement of technical or professional schools. Our great professional schools of medicine, law and theology, and also of applied science and of art, have rejoiced in splendid gifts—for buildings, for endowment, for special developments. The School of Journalism at Columbia is a recent instance of such a foundation, given for the creation of a new form of professional training. Our schools of philanthropy are richly endowed. These, together with such institutes as Stevens, Pratt, Drexel, Carnegie, all proclaim the beneficence of many individuals who believe in the higher and specialized education and training of men and women.

I know of few things more impressive, to me, indeed, more profoundly moving, than to survey the field of education, and to note the richness of the gifts which have been there poured forth with such lavish hand in so many directions and to perceive the ways through which men and women are striving to put into the hands of their fellows the supreme weapon of knowledge. These enormous private contributions made to education are the wonder and glory of our age.

Of the variety of institutions supported or aided by public funds our state systems of education show an interesting picture. Here we see support which reaches through the whole public school system and culminates in universities, colleges, and in professional and technical schools. Looking upon it, one is inclined to believe that the need for training, in almost any direction promising useful service to the community, has only to be recognized to ensure it a place in the concern of

the state, or to bring it definitely within the scope of state responsibility. It is of special interest to us to note the number and variety of private institutions to which the state finds itself able to lend support. The wide availability of such public funds for the aid of already established schools giving instruction which is needed, suggests the advisability of bringing the financial condition of training schools for nurses to the attention of the educational authorities of the state.

We now come to students' fees as a source of income. In the conduct of such educational work as we have been considering in colleges and universities, they do not ordinarily play a large part, since usually not more than one-third of the annual expenses are met in this way. Under exceptionally able administration they may cover a slightly larger proportion, and since there seems to be a tendency toward increasing them, they may in future play a considerably larger part. But ordinarily, in any genuine educational work, tuition fees go a very small way toward meeting the expense. This fact makes it clear that the students from great colleges and professional schools are in one sense receivers of charity, since what they pay for their education is far below its actual cost; and, indeed, it is this great sense of obligation, this conviction that some adequate return is due to society for benefits received, that impels the alumnae from schools and colleges to such continuous efforts for the strengthening and upbuilding of these institutions.

The most casual study of these matters brings forth strikingly the cost of modern education. "Present educational demands, upon even a modest college," says Mr. Furst, secretary of the Carnegie Foundation, "require resources of approximately a million dollars." The endowment per student in colleges like Bryn Mawr, Smith, Vassar, is \$1600; in certain colleges for men, it is \$4000 per student. Good teaching, he urges, is not only expensive, but absolutely not to be had below a certain minimum of expenditure and financial resources constitute the fundamental problem. In other words, any institution which proposes to educate must depend upon appropriate, definite, and permanent sources of income.

In all this long list of great gifts for education, in all this imposing array of colleges and schools supported by such gifts, I am astonished to realize that no reference whatever is made anywhere to one of the most fundamentally important branches of professional education now in existence, schools for the training of nurses. I suppose if Abram Flexner were here, he would take issue with me on the use of the word "professional" as applied to nursing in its usually accepted sense, and I hope to take up that point at some later time, but is it not strange

that, search as you will from one end of the country (I had almost said the world) to the other, you will not find one single gift of any appreciable amount, not one endowment placed at the disposal of a training school for nurses for the proper conduct of its educational work. There have been in history two important gifts made for the education of nurses. Florence Nightingale gave the first, in providing, a half-century ago, \$200,000 for the founding of the Nightingale School at St. Thomas Hospital, London. The first training school in history was, therefore, established and has been maintained by an endowment. A half-century later, Mrs. Helen Hartley Jenkins of New York gave the second considerable gift, in endowing the Department for Graduate Nurses at the College for Teachers at Columbia University, and these two large gifts complete the list. There is literally nothing to add: so far as my knowledge goes there is no training school for nurses supported anywhere in this country by private endowment; there are none maintained by public funds, and public treasuries and private philanthropy alike seem to be innocent of any recognition of the fact that there are between thirty and forty thousand student nurses in training in the eleven hundred schools recorded, and that every one of these schools is carrying on its work with difficulty and at a disadvantage because of lack of resources.

There remain for consideration, among the usual sources of income for educational institutions, tuition fees. These, in so far as training schools for nurses are concerned, may be summarily disposed of. There are four or five schools in this country charging small fees for the special instruction given in the few months of the preliminary course and one school, only, charging tuition for its entire course. Thus it is clear that every one of the usual sources of income must be eliminated in the case of training schools for nurses, and some way which is not the common way of meeting the legitimate expenses of a school must be looked for. Such a way appears to be found as one studies the relationship existing between training schools and the hospitals in which they have arisen. It is a most unusual form of relationship and nothing at all like it exists in connection with any other school of the present day. It is universal, in so far as training schools are concerned. Through this relationship the training school for nurses becomes an institution established by the hospital with one large main purpose and what we might call one subsidiary purpose in mind. The first purpose is clear-cut and imperative. The nursing work of the hospital, its most important task, must be done: the training school, through its students, will do it. The primary function of all training schools is that of carrying on the regular nursing work of the hospital, it is not anywhere the

education of the nurse. That education is the subsidiary, secondary, purpose of the hospital in establishing a training school, and it follows as a matter of course, that it can be carried out only in so far as is compatible with the main purpose of nursing the patients through the school.

The most casual glance at this situation would therefore show that the expense of maintaining training schools under such conditions would probably be slight, and a second glance would lead one to the conclusion that, whatever it is, it is really met by the students themselves.

That their services cover the expense of instruction is formally recognized in the announcements of training schools, where it is usually explicitly stated that the services of the pupil are considered as an equivalent for tuition. The expenses of actual instruction, therefore, are met by the pupils themselves and, placing the minimum estimate upon the value of their services, it is unquestionable that they pay larger tuition fees than are exacted in any college in the country.

In considering this aspect of affairs, two points must be kept in mind. One is, that pupil nurses are from the beginning given necessary tasks, which somebody would otherwise have to be paid to do. This principle is so well maintained throughout all hospital work that the staff of pupils in a hospital ward is no larger than would be needed if such a staff were composed of paid workers, pupils are preferred, indeed, because of the fact that they do more work than graduate nurses will do under similar conditions. Even the roughest estimate of the cost of any form of paid service to replace pupils shows that maintenance of an approximately similar number of workers would be required, and wages or salaries ranging from those of the unskilled household employee up to those of the highly skilled nurse would have to be paid. Anyone wishing to obtain a recent estimate of the value of pupil nurses' services to hospitals should study the records of the efforts made last year in California to repeal the eight-hour law required there for pupil nurses in hospitals. The additional expense and injury to the hospital of maintaining shorter hours were urged with emphasis from many such institutions while one exceedingly indiscreet superintendent of a hospital declared that, in order to live up to the law, he would be obliged to increase the number of pupils by 50 per cent. Further light on this matter may be had by noting the charges made by hospitals for the services of pupil nurses when on special duty with private patients.

It is entirely clear that large expenses for service, which the hospitals would have to incur under any other system whatever, are avoided by the establishment of a training school, and a very considerable sum is thus made available for the instruction and training for which the labor of pupils is asked and is so freely given.

Not very long ago I saw a statement in some hospital or nursing journal to the effect that it cost the hospital between three and four hundred dollars a year for the education of each pupil. This, of course, may be literally correct, but it is essentially incorrect, since it fails to estimate in any way the value to the hospital of the returns which the student always makes. There appears to me to be no way of getting around the actual economic value of the student's services.

Let us consider these expenses which hospitals have to meet, taking first the administration of a school. Here there can be little question of expense, because those who manage the school are in reality officers of the nursing department of the hospital who would have to be there in about the same numbers and grades to direct and supervise the nursing if there were no school and the work were done by a staff of paid workers. And, of course, there are many schools, the majority, in fact, in which most of these official positions are filled by senior pupils, thus adding another item to the contributions made by pupils to their own education.

Actual instruction comes next for consideration, and this is of two kinds: theoretical teaching in the class-room; practical teaching in the wards. Here again the hospital has been released from any appreciable additional expense since the bulk of the teaching has always been done by the officers of the nursing department, in addition to their regular executive and supervising duties. Until within the last few years, no training school for nurses had even one regular instructor on its staff, and the great majority of schools are still in this position. In all the larger schools of the better grade one regular instructor is now provided and in some cases there are two. As yet, however, no considerable expense for such instruction is incurred. Lectures are still in the majority of schools given by physicians without payment though, again, in the larger schools part of these lectures are paid for, and all of them are in one or two schools. As, however, the number of lectures is small, not more than two or three a week at the utmost, the expense thus incurred is slight. For libraries and teaching material and equipment it can be truthfully said that few hospitals have even attempted to make respectable provision. In providing suitable housing and living conditions for students, hospitals are doing more to meet their obligations to them than in any other aspect of their work, but it is, of course, pertinent here to mention that such expense cannot be charged to the maintenance of a training school, since suitable quarters would be required equally for any kind of a staff the hospital might employ. Moreover there are still hundreds of hospitals in which the quarters and the food provided for pupil nurses are a scandal to the community.



As for hours of work, notwithstanding some improvements, they are still a burning question and are such as to make it very difficult and frequently impossible for pupils to take their theoretical work seriously. Yet hospitals do not find themselves able to meet the expense involved in providing the larger staff which would admit of shorter hours. One would suppose that any institution thus miraculously supplied with a body of pupils whom it could at will translate into an entire working force, would not question the justice and wisdom of adjusting its hours of work in such a way that the educational needs of the pupils would be satisfied. Yet tonight, as I read this to you, hundreds of young pupil nurses are at work on night duty in the hospitals of this city and elsewhere and this night of work will be twelve hours long. Service of this kind will be made to occupy at least six months out of a three years' training. Yet from any conceivable educational standpoint, one month of such service would usually be ample. We were impressed, a little while ago, in reviewing briefly the field of education with its great, and apparently unavoidable, cost. The more carefully I study the work of training schools for nurses, the more I am convinced that failure to recognize this elementary fact, as applying to their conduct, is at the root of many of the troubles in the present training school situation. What seems to be needed now is a truer conception of the responsibilities which are inevitably assumed in attempting to direct, control and develop in any adequate way this large, complicated, and most vital branch of professional education and ability to face the situation squarely and recognize that adequate funds are just as necessary for the proper maintenance of training schools for nurses as they are for medical, engineering, or any other professional schools.

No equitable and stable adjustment can ever be made between hospital and training schools until this fact is understood, accepted, and made to bear upon the whole scheme of training.

In thinking this whole problem over, I have been impressed with the fact that though hospitals are constantly and properly making the public acquainted with their needs, I do not remember ever hearing of any instances of hospitals asking for funds for the maintenance of their training schools. Yet I can hardly imagine any branch of their work for the maintenance of which they could with better grace turn to the public. There are literally thousands of men and women who owe their health or their lives to the skill, knowledge and devotion of nurses. There are those among them who have given liberally to other forms of education and would, I am confident, willingly contribute to the education of nurses were they but made aware of the need. It is not to

any lack of appreciation of the valuable and indeed indispensable services which nurses are rendering to society that they have not tried to help forward their education and training, but to a prevalent impression that this is wholly the business of hospitals, which are quite able to do all that is necessary. There is much need of a really correct understanding of what hospitals can and cannot do. They cannot, for instance, on funds which are seldom if ever sufficient for actual hospital needs, maintain training schools as they should be maintained. They cannot unaided carry forward the important educational work which has been entrusted to them.

From some source, either from private gifts for endowment, from public funds for maintenance, or even partly from tuition fees (under different conditions of service), training schools should be able to command adequate funds. These should be based upon an intelligent and unprejudiced estimate of the work the school ought to do and the way in which it ought to grow to meet growing and changing public demands.

I have been asked what an endowment could do for a training school. It might do any, or all, of the following things:

It might provide for trained and expert lecturers and teachers to give appropriate and sufficient instruction in all of the necessary and desirable subjects and this would apply to practical instruction at the bed-side as well as to theory in the class-room.

It might provide suitably for such teaching equipment and material as is commonly found in all schools having any scientific or technical subjects to handle.

It might provide students' buildings which would have libraries, both professional and general, lecture and class-rooms, and laboratories and offices, in addition to suitable living and recreation rooms. Cheerful surroundings and a chance for wholesome diversion are particularly desirable for those whose work lies entirely among the sick. These it might do quite directly, and indirectly it might aid in securing for students shorter hours both for day and night work, and proper vacations and holidays. For the hospital openly relieved from any expense whatever in connection with the training school could turn its attention and its funds to the provision of a regular salaried staff of nurses and other workers for much of the routine work now done by students. This, in increasing the number of workers, would logically bring about the shorter hours. And these, in connection with improvements in the amount and character of instruction, would attract the higher and better grade of candidate which is so urgently needed. Such measures have done this in every instance where they have been established and steadily and intelligently applied.

I firmly believe that generous financial help would flow into our training schools from private sources were the need fully recognized, and I see no reason whatever why schools rendering an important public service should not also secure substantial aid from public funds. The problem of the poor, ill-equipped training school connected with the struggling hospital in the small community might be in a measure solved through such aid.

From whatever source funds may come, they are necessary to place schools on a secure and dignified foundation, and to release them from their present helpless and somewhat ignominious position, due largely to an entirely unsound economic status.

This paper merely touches the subject, which needs, and doubtless will get, careful and searching inquiry, but in the meantime those nurses who are genuinely interested in improving their own profession can do so in no more effective way than by helping their training schools up to a higher and freer plane of work. Already the alumnae of the Johns Hopkins Training School, and of the Massachusetts General, have taken up the question of the endowments of their schools, and committees are being formed to consider ways and means. Nurses may with courage and confidence take up this question of proper support for their training schools since, in the last analysis, it is the concern, and the grave concern, of the whole community. The public cannot longer leave entirely to hospitals, or to the labors of pupil-nurses, the maintenance of so essential a branch of modern education.

Let me repeat. There have been in history but two large gifts for the education of nurses. The first, by Florence Nightingale, created the whole modern system of training schools and of nursing; the second, by Mrs. Helen Hartley Jenkins, has established firmly in a great university a department for the special professional training of graduate nurses, and has made possible the opening up of some entirely new lines of work, such, for instance, as education for public health nursing and training for public school work. The next great service to be rendered is to place training schools upon a better and sounder economic foundation.

## DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

*Collaborators:* LILLIAN S. CLAYTON AND ANNA C. JAMMÉ

In accepting the direction of this new department in the *AMERICAN JOURNAL OF NURSING*, the writer and her collaborators bespeak the interest and coöperation of all the readers of the *JOURNAL*, but especially of those who, as superintendents and teachers, are more closely identified with the education of nurses. It is hoped that the department may serve as a medium for the discussion of educational problems and the wider circulation of new and useful ideas and methods in the training of nurses. Contributions are invited, especially news items which seem to be of special significance or importance in this field. The plan for the coming year is to take up first some of the fundamental principles which should guide and control the educational work of the training school, then to outline the curriculum and to take up in detail the teaching of the more important subjects. These topics will be presented by experienced teachers and it is hoped that the articles will be supplemented by helpful suggestions from readers.

### THE AIMS OF THE TRAINING SCHOOL FOR NURSES

Before we can discuss the work of any kind of school or judge of its results, we should have clearly in mind the things which it wishes to accomplish. The older types of schools and colleges usually stated this by enumerating the things which they wanted to give to, or develop in, the pupil: it might be culture or appreciation, or the development of character, or the ability to earn a living through a certain kind of skill. The tendency nowadays is to think more in terms of what society needs and how each person in the community, according to his special aptitudes and powers, can be fitted to serve those needs most efficiently. In organizing the work of any school, then, the first question to be asked is: "What fundamental needs of society should this school serve?" In other words: "What are the vital practical problems of everyday life which these pupils must be ready to solve if they would give their best service to their community, state, or country?" The next question will be: "How can we utilize all the agencies and experiences at our command, how can we organize and administer the material of instruc-

tion so that our pupils will be prepared to fill that place, whatever it may be, in the social fabric?" These questions should be asked by every kind of school, but particularly by those schools which are training for a specific vocation, be it engineering, agriculture, medicine, business or nursing. It might be a little difficult to see at a glance just where the immediate social value of some of these occupations comes in, but one cannot have any doubts about nursing. It has arisen out of impulses which are almost purely social and humanitarian and in response to very definite social needs. The conservation and welfare of human life has always been its main consideration, though the kind of service that seemed to be needed at one time has differed a little from the demands of another time, and people even now, in various countries, interpret the functions of the nurse quite differently. For example, the religious function of the nurse as a church officer and spiritual adviser used to be one of primary importance, but it has almost entirely dropped out of sight, in our country, at least.

Now we will have to agree on the kind of nursing service which it is desirable or necessary for us to provide for, in the conditions of modern life in this country. Here we shall find much difference of opinion. If it is decided that it is in the best interests of society to limit the supply of skilled and intelligent nurses and to conceive of the nurse as a sort of capable and obedient upper servant, we shall have to plan our curriculum accordingly. If, on the other hand, it is found that the welfare of society is conserved and advanced by having a higher type of nurse, one who acts as the scientifically-trained assistant to, not the servant of, the physician or the sanitary expert, one who is fitted to lead in certain important branches of social work, it is decidedly the duty of every school which trains nurses to do its utmost to meet this demand. This distinction in aim is fundamental, it is the difference between training for a more or less skilled handicraft and training for a profession. Most schools feel that they have fulfilled their full duty when the work of the hospital runs smoothly, when the local doctors are fairly well satisfied and the graduates are in steady demand by private patients, but does this prove that the best welfare even of the people in that community is being sought or attained? The conception of what constitutes a good nursing service either in the hospital or home depends largely on what doctors and patients have been accustomed to. Local pride and loyalty influence opinions largely and you will rarely find any institution which will admit that its surgeons or its nurses are not the best that could be produced.

We have to get away from the local situation a little and study the question in its broader aspects. Ask all kinds of people, get the rea-



soned opinion of recognized authorities in fields related to ours, such as those of medicine, sanitary science education and social service. Ask nurses themselves, those who have been doing work in various fields whether they have been able to measure up to the demands made upon them, and whether perhaps a different kind of preparation might have helped them to escape some of the failures and disappointments that have met them, and let us not forget the opinion of the man in the street, who is in the last analysis the one most affected by good or bad nursing.

Fortunately we have in our hands a great deal of testimony pro and con—addresses, sermons, newspaper comment, personal experiences, and intimate confidences, all bearing on this question. If we sift all of this down we shall find, I think, that whereas there are a few people well-known for their reactionary principles, who are violently opposed to any extension of the nurses' powers, and who affirm that the present facilities for her training are already more than adequate to fit her for her present duties, the great majority expect much more of the nurse than she seems able, with her present equipment, to perform. Their idea of what a nurse should be, what she should know, and the kind of things she should be able to do, is pretty definite and the range of the duties and responsibilities on which most of these people agree, seems rather appalling.

A trained nurse is expected to be able to fit into any one of a dozen different kinds of positions without any additional preparation, and the specialties which are arising, built on the general training of a nurse, are becoming so numerous that some of us find it hard to keep track of them from one year to another. Beside this expansion, there are several influences at work within the old familiar branches which put a greater demand on every nurse. The increased elaboration in technique, the radical changes in the conception of disease, and methods of treating it, including the new duties, occupational and psychological treatments, all of which throw more and more responsibility on the nurse; increased emphasis on the prevention of disease, including definite teaching by the nurse, the newer demand for a high degree of efficiency in every branch of work, these and many other developments have to be considered carefully in preparing the nurse of today and tomorrow.

Leaving out of consideration the exceptional demands and the advanced specialties which the average training school cannot attempt to prepare for, what are those functions or duties which the average nurse will be called upon to render, not only to the patient and the physician, but to the community at large, to her own profession, and lastly to

herself as an individual? Let us try to visualize these, following the nurse into the tenement house and seeing what she does there; going with her to the country case, where she works for days without seeing the doctor; keeping watch with her in the critical hours of the night, when life hangs in the balance and every slightest thing she does turns the scale one way or the other; sharing with her the immense responsibilities of running a hospital or training school or organizing a community in support of some form of public health work.

Briefly stated, the duties on which most of us would probably agree are as follows:

*I. Hygienic and sanitary duties.* She will have supervision and personal care of sick persons, and must nourish and tend them in such a way as to insure the patients' greatest comfort and welfare and aid the natural processes of recovery. She also will have control over the immediate environment of sick people and must be able to secure conditions favorable to recovery and, so far as possible, to protect both sick and well from influences detrimental to health. She will be expected to assist health officers in maintaining high standards of public health in communities, and often may serve as a public health officer, herself. She will be the assistant of the physician in the hospital and home, and will be expected to coöperate with him by accurately observing and reporting symptoms, by the expert administration of medicines and other treatments, by preparing for and assisting in operations and other important technical and therapeutic procedures. She must also act in place of the physician in emergencies and must be able to give first aid in accidents and minor illnesses.

*II. Administrative and housekeeping duties.* She will be expected to direct and manage the general household and nursing affairs of the sick room and hospital in such a way as to secure the highest welfare of the patients as well as the greatest economy and efficiency of service. She should be able to handle all the commoner domestic problems, particularly those connected with food preparation, cleaning, and sanitation as an expert.

*III. Educational duties.* She will be expected to teach and influence those with whom she comes in contact, both sick and well, advising them how to prevent illness, how to recognize the beginnings of illness and how to secure the conditions necessary for recovery and the maintenance of a high standard of health. She will be expected also to entertain, employ and divert her patients and, especially in cases of abnormal mentality, to lead them into more wholesome and rational lines of thought and conduct. She will be confronted with conditions of mental and spiritual mal-adjustment which will require a deep

understanding of human nature and a genuine and helpful philosophy of life. In all these ways she is as much a teacher as if she conducted classes in class-rooms.

*IV. Social and civic duties.* She will be expected to adjust herself readily to living conditions in widely varying classes of society, to be an agreeable companion to people of the most diverse interests, educational attainments and personal peculiarities. As a citizen in any community, she will be expected to lead in the promotion of healthful conditions of living and to coöperate effectively with existing agencies looking toward the prevention and relief of distress and misery of all kinds.

*V. Professional duties.* As a member of the nursing profession, she will be expected to understand and to uphold its traditions and ideals and to coöperate intelligently with other nurses in maintaining and advancing its standards. Keeping closely in touch with the current progress in her own branch, she should aim steadily to increase her own professional efficiency and to contribute all she can to the general fund of professional knowledge. In her relation with physicians, patients and other nurses, she will be expected to act in accordance with the accepted standards of professional ethics.

*VI. Duties to herself.* Everyone will agree that, as a self-supporting woman, she should be able to preserve her health and earning capacity, providing for periods of unemployment and illness and maintaining herself in such comfort and dignity as is necessary for a self-respecting professional woman. To offset the exacting demand of her work, she will need to cultivate different tastes and talents, to develop outside interests and in everything try to maintain as wholesome, happy and normal a life as possible.

I do not think this is an exaggerated estimate of what is expected of the average nurse who graduates from our training schools, and it would seem to be not an unreasonable demand that society makes of us, when it asks that the women we send out should measurably comply with this standard. Of course we are dealing with human material and we cannot bring every individual up to our ideal, but if we have a pretty definite idea of what we want to arrive at, we shall get a good deal nearer the mark. Accepting this as a fairly general standard of what good nursing means, we have now to consider the kind of training that is needed to fit our pupils to serve the community as nurses.

The first essential requirement is *good health* and the ability to maintain it. This seems a self-evident proposition and yet it is so often overlooked as an end to be accomplished through the nurses' training. Without good health, the best nurse is seriously handicapped and her training rendered comparatively ineffective, so far as her work in the

world is concerned. The school is responsible in a great measure for the maintenance of its pupils' health.

The next requirement is *an adequate body of knowledge*. I place this before skill because there can be no safe and intelligent practice without a knowledge of guiding principles. The art or doing side of any work must have sound thinking to back it up, otherwise it becomes merely automatic, rule-of-thumb routine. If situations were always the same in nursing, and if we could find a rule to meet every kind of situation the nurse might need a very small body of theory to guide her, but since no two situations are ever the same, and even with careful direction and supervision in the hospital, the nurse has constantly to act in situations often of critical importance, she must be equipped with the information necessary to enable her to act intelligently and safely. This knowledge will cover a fairly wide variety of subjects. She should know about the healthy body and its structure, functions and care. She should know something of the causes, symptoms, and processes of disease and about the prevention of disease. She should know something about the treatment of disease, in order that she may understand the nature and purpose of the agencies she uses under the physician's direction and watch their effects. Of course she must have a thorough knowledge of the principles underlying the nursing art, itself, and the domestic or household duties that are associated with it. Lastly she should know about the profession and its ideals, including the study of nursing history and ethics, the fields of nursing and their requirements and the social conditions in the community which nursing aims to help.

There will always be differences of opinion regarding the extent and kind of knowledge necessary to make a good nurse, but it would appear to be evident that while it need not be the extensive and highly expert knowledge of the physician who diagnoses disease and prescribes the treatment, it must be sufficiently comprehensive to enable the worker to understand and appreciate the nature of the processes in which she is assisting, and for which she is frequently held entirely responsible. Whatever knowledge she has should be clear, exact, up-to-date, and soundly scientific (any other kind is dangerous), but it need not necessarily be highly minute and technical. It should be the kind of knowledge which is needed by the nurse, not by the medical student or social worker, or any other kind of person. It should be given from her point of view, and directed to the solving of her particular problems.

The third essential is *technical skill*, and I think most people will agree that this should be of a rather expert kind. It involves manual dexterity, lightness, steadiness, quickness of movement, strength,

endurance, and that complete coördination of head and muscle which cannot be acquired except by long, directed training. It also means a careful training of the senses as well as of hand.

Fourth, is required a certain kind of *intellectual or mental ability* which we associate with good nursing. The nurse needs a good memory, a mind trained to think quickly and steadily, skilled in close and accurate observation, capable of careful discrimination between essentials and non-essentials and flexible enough to allow ready adjustment to frequently changing situations. With this should be combined power to convey facts clearly, concisely, and accurately, either orally or in writing. Executive ability, the power to organize, plan, and manage, to direct and control others, is also a highly desirable kind of ability, which should to some degree be developed.

Fifth, and equally essential, are *character* and that intangible thing which we call *personality*. Many superintendents feel that it is almost useless to try to change the nature and character of a young woman after the age of twenty years, but we have all seen such radical changes, good and bad, made through the influence of the nurse's training, that we cannot omit this in our scheme. What are the qualities which we want to develop to meet the unusually exacting experiences and heavy responsibilities of a nurse's life? The traditional virtues of the good nurse are: obedience, the spirit of self-sacrifice, courage, patience, conscientiousness, and discretion. These are good, but under the newer conditions they are not alone sufficient. I think we have not placed enough emphasis on the more positive and vigorous qualities, such as self-reliance, the power of leadership, and initiative. Florence Nightingale would never have gone very far without these, and the nurse who is needed today, must be something of a leader as well as a good team worker in the ranks. The method of training may not be able to develop these qualities in all students, but it can at least provide that they be recognized and directed, not repressed. The old religious devotion needs to be transformed into the modern social spirit which is not satisfied with personal service only, but aims at constructive community service.

Health, knowledge, skill, mental ability and character—in order to achieve these results we must consider first the material we have to work with. If we could begin with a carefully picked homogeneous group, it is quite evident that the task would be comparatively simple. Standards of admission as regards age, health, education, and character have thus a very definite bearing on the subject, but I am not going to go into this here, except to say that the school which admits pupils from grammar school or one year of high school, has a very



different problem to face than the school which accepts only high school graduates; and the school which selects its candidates from a highly picked social group, with a heritage of fine traditions and careful home training, will have a very different product, even with the same curriculum and the same methods of training, from the school which takes its applicants from a heterogeneous group of widely-varying nationalities, with no common social traditions or principles of conduct.

Given a certain fairly "well-chosen" group of women, we have now to consider how they are to be put in possession of this knowledge and skill and how these excellent qualities of body, mind, and character, are to be developed in them. The word "train" is used generally to indicate a type of education which is mainly achieved through the forming of habits by drill or exercise. Education is something more, to educate means to develop mind and character and attitude, as well as conduct, and to give information. It also means the power of self-direction. This plainly cannot be accomplished by a course of theoretical instruction alone, although classes and lectures, demonstrations and quizzes, are very essential. Methods of instruction and supervision used by the staff, the kind of spirit evoked, the type of thinking developed, the kind of discipline enforced, are extremely important and effective means for gaining the ultimate result, whether consciously or unconsciously used. Then we have all the practical experiences of the pupil in the wards and off, the things she does and the things she sees, the general atmosphere which surrounds her, the indirect influence of fellow-students, patients and physicians—everyone with whom she comes in contact, and the outside social activities in which she shares, all these agencies help to mold her and to determine what kind of a nurse will be turned out at the end of those three years. The way in which all these agencies are marshaled and directed is largely an administrative problem. What facilities are necessary in the way of the number of beds, varieties of service, teaching and supervisory staff, equipment, etc. All these things must be provided or the school cannot achieve the desired results.

Then there are certain essentials to any scheme of education. The minds of pupils should be receptive, undulled by excessive fatigue or mental strain; the hygienic surroundings must be good, as to light, air, freedom from noise, etc.; time for adequate preparation must be provided, and properly qualified teachers, who understand the pupils' needs, who know the subjects to be taught and can make this work vital, interesting and of the greatest help to them. The planning and equipment of the class-rooms have much to do with the success of the teaching work. Good desks and chairs and blackboards, plenty of

tools and materials to work with, illustrative material, such as charts, models, skeleton, etc., and a good reference library, all these are things which every up-to-date educational institution is expected to provide. In the next issue, a scheme of instruction will be presented, keeping in mind the general aims and principles which have been laid down in this brief discussion. This will include the selection of subjects for the curriculum, the arrangement of such subjects and the general proportion of time given to each.

#### ITEMS

In January, 1915, it was suggested that the Philadelphia League of Nursing Education should make an effort to form some plan whereby its members could better meet the present demands of teaching. It was decided that a course in elementary psychology should be arranged for, to be followed in the fall by a course in methods of teaching. On the advice of the head of the history department of the University of Pennsylvania, a course was arranged, with one of the instructors from the University as teacher, given weekly, at a central meeting place, for an hour and a half. These classes began in February and ended in May, with an enrollment of forty, superintendents, assistants and instructors. The course was too short to be wholly satisfactory, but there was no more time at their disposal. The class on methods of teaching, with an instructor from the University, Prof. Ambrose W. Suhrie of the Education Department, opened on October 1 with fifty members; there are now seventy-eight. It meets each Saturday evening from one to two hours. Professor Suhrie has made the course one of interest, sparing no effort to understand the needs of the nursing profession and to meet them, so far as possible. He has acquainted himself with its traditions and history; studies its textbooks; subscribes to nursing magazines; visits classes in the training schools for critic work, and the League meetings to get a further understanding of nursing problems.

The class is enthusiastic over the course and already finds it of practical value. It has proved a splendid thing for nursing interests in the city.

The Philadelphia League has also planned a fine program of meetings for the year, concentrating its attention on uniform standards in curriculum, hours of duty, etc. The program has been printed in a booklet form and distributed widely. The meetings are held in various hospitals and have been very well attended. Some of the subjects discussed are as follows: What Textbooks Shall Be Introduced into Our Schools and Why? How Shall We Interest Our Head Nurses in Train-

ing School Problems? What Responsibility Has the Training School in the Social Life of the Nurse? National and State Standards of Nursing Education and Their Effect Upon the Requirements for Affiliation and Post Graduate Work; Why Do High School Students not Select Nursing as Often as Other Professions? The Responsibility of the Hospital to the Training School; A Round Table for Discussion on the Progress Made During the Year, in the Improvement of the Living, Working and Educational Conditions of Our Training Schools. Several outside speakers have been secured, including Dr. Winford Smith of Johns Hopkins Hospital, Anne W. Goodrich and Isabel M. Stewart of Teachers College and Amy M. Hilliard of the New York State Department of Education.

The old custom of sending out pupil nurses on private duty has so long been discontinued by all the hospitals of any prominence in the country that it is something of a surprise and shock to find an important hospital seriously considering a reversion to this system. The reason given is that the hospital finances have suffered since this source of income was cut off a few years ago and it is assumed that the pupil nurses are to be utilized to make up this deficit. Twenty years ago the American Society of Superintendents of Nurses put themselves on record as opposing this method of exploiting pupil nurses, and prominent hospital authorities have all seconded their efforts to abolish the system. There is really no argument to be advanced in its favor, as it is economically as well as educationally an unsound policy, unjust both to the pupil and the patient. In this case, the superintendent of nurses, feeling that she could not support the hospital, has resigned. The alumnae and local nursing organizations have also voiced their protests and it is believed that the hospital board will be induced to reconsider the matter.

## NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

It is proposed to name the loftiest peak of the Canadian Rockies Mount Cavell, in memory of Edith Cavell. Its present name, Mount Robson, has lost its significance, no one knowing its origin.

Vivienne Tremaine, matron of No. 1 Canadian Casualty Clearing Hospital, France, was sent to England with King George after his recent accident. She cared for him immediately after it happened. The King said, "Miss Tremaine is a good nurse; I should like her to stay." She is a graduate of the Montreal General Hospital.

An underground receiving station for wounded, behind the British firing line, is described as roofed with brick arches, whitewashed. The entrance is a huge hole made by a shell, protected by sand bags. The cases come in down a well-greased barrel slide; after treatment they are carried up a slope, over rubbish, to the cars. Each stretcher case is laid on trestles under the one strong acetylene lamp. The other lights are candles and a hurricane lamp. The patients are given water and the severe cases, meat extract.

Lady Ralph Paget, who has been nursing in the Red Cross Hospital at Uskub, Serbia, rather than desert the wounded under her care, refused the opportunity to escape from the city before its capture by the Bulgarians and was taken prisoner. Her husband came from Nish in a motor car and implored her to return with him to safety. Dr. Catherine Travis, a Canadian, and several American doctors remained also.

Canadian nurses have been sent from Malta and other points to care for the wounded at Saloniki.

It is stated that tetanus in the army is now as completely under control as typhoid. Injections of anti-tetanic serum are given to every soldier whose wound has been exposed to infection. This is usually done at the first-aid station.

The Turkish government has informed the State Department at Washington that the American Red Cross will not be permitted to send surgeons and nurses to the aid of the Armenians of the Turkish Empire. The number of this unfortunate people thus far massacred by Turkish soldiers, or sold into harems, is estimated at over 850,000.

The Countess Szechenyi, *née* Gladys Vanderbilt, has turned her

palace on the Andrassy, Budapest, into an orphanage for 300 children whose fathers have been killed in the war. Whenever the Countess appears, the children surround her, calling her Mother Gladys.

Mlle. Emilienne Moreau has been given the French War Cross for brave conduct during the bombardment of Loos. Later she was received by President Poincare.

The *Anglia*, a British hospital ship, foundered in the English Channel, not far from land. It is stated in the English papers that the nurses worked with splendid devotion. They gave no thought to their own safety but worked with the men to transfer their patients to the waiting boats. The end came with dramatic suddenness. With wounded, nurses, doctors and sailors clinging to the stern, the *Anglia* seemed for one brief second to stand on her bows, then disappeared. It is supposed that she struck a mine. 300 out of 385 on board were saved.

The French soldier whose confession to the German authorities resulted in the arrest and execution of Edith Cavell, has committed suicide by hanging in the military prison at Brussels.

King George has instituted a new decoration for nurses, styled the Royal Red Cross, to be awarded for special service to the sick and wounded of the army and navy. The first class badge is a red enamel cross edged with gold, with Faith, Hope, Charity on the arms. In the centre is a portrait of the King; on the reverse side is the royal cipher and crown. Recipients of this order use the letters R. R. C. after their names. The cross of the second class is of frosted silver with a Maltese cross of red enamel in the centre. Its recipients are known as Associates of the Royal Red Cross.

The Cologne *Gazette* states that at the request of the Pope the Kaiser has commuted the death sentence on the Countess Jeanne de Belleville and Mme. Louise Thulier to imprisonment for life. They were condemned at the same time as Edith Cavell.

French soldiers wear small, close-fitting steel helmets which have reduced the casualties due to wounds of the head 75 per cent. Plates of specially toughened steel are sewn into tunics over the heart, and large bullet-proof breast-plates are used in the dashes from trench to trench.

The Grand Duchess Marie Adelaide of Luxemburg has retired to a convent because of grief over the occupation of the Duchy of Luxemburg by the Prussians. She has renounced her title and relinquished the civil authority to her younger sister. The Grand Duchess is a young and charming woman.



## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service.*

### THE ANNUAL MEETING

The American National Red Cross held its eleventh annual meeting in Washington, D. C., at Rauscher's, December 8, 1915. The programme was as follows:

9.30 a.m. Meeting of Central Committee.

10.30 a.m. General Session, Hon. William H. Taft presiding. Annual reports of officers and committees.

12.30 p.m. Luncheon to delegates.

2.30 p.m. General Session.

Papers: Sanitary Work in Serbia, Dr. Richard P. Strong; American Red Cross in Mexico City, Charles J. O'Connor; An American Surgeon's Experiences in the War Zone, Dr. Rhoades Fayerweather; A Red Cross Nurse in the Great War, Lyda W. Anderson; Consolidating the Relief Forces of a City—A Story of the Eastland Disaster, Sherman C. Kingsley; Teaching First Aid to a Police Force, and Why? Major Raymond W. Pullman; Needlework Guild of America, Rosamond K. Bender.

8 p.m. Brief account of important war relief activities, Robert W. deForest, presiding. American Ambulance Hospital, Mrs. Robert Bacon; Committee of Mercy, Norman Hapgood; German-Austrian Relief Committee of Chicago, Hon. Julius Goldzier; Vacation War Relief Committee, Anne Morgan; War Relief Clearing House, Hon. Myron T. Herrick; French Emergency Wounded Fund, Mrs. Ethelbert Nevin; Commission for Relief in Belgium; Red Cross Preparedness, Mabel T. Boardman.

### ANNUAL REPORT OF THE RED CROSS NURSING SERVICE<sup>1</sup>

European Relief work during the past year has rather overshadowed other Red Cross activities. Our State and Local Committees on Nursing Service have met all demands made upon them for nurses and

<sup>1</sup> Portions of Miss Delano's report have been omitted, as they have already appeared in this department as current news.

have maintained during the entire year a long waiting list of nurses willing to accept service in the various European countries. Members of committees and enrolled Red Cross nurses throughout the country have served on supply committees and given instruction to groups of volunteer workers in the preparation of hospital supplies and surgical dressings. In some instances they have been placed in charge of Chapter headquarters for European relief and have proved invaluable in the organization of the work.

**MEETINGS.** A semi-annual meeting of the National Committee was not called at the time of the meeting of the American Nurses' Association in San Francisco, as it was impossible for the chairman to leave Washington for so long a journey. The second semi-annual meeting was, however, held in Washington on December 7, delegates to the annual meeting from state nurses' associations and members of nursing committees being asked to a conference with the National Committee in order that it might have the benefit of their experience and advice.

**PERSONNEL.** There has been no change in the personnel of the National Committee during the past year. One of the members, Mary E. Gladwin, volunteered for European Service and has been Supervising Nurse of our Unit in Belgrade, Serbia, during the entire period of its assignment to that country. The success of this Unit has been due in no small measure to her ability as an organizer and the splendid spirit of self-sacrifice which she has shown under the most trying conditions. She has faced undaunted serious illness among the members of her Unit, as well as dangers from disease and battle, and is now on her way home with the ranks of our Serbian nurses unbroken either by accident or disease.

We have 40 state and 74 local committees covering all large nursing centers in the United States with a total enrollment of over 6100 Red Cross nurses. With this large number on file we have striven to increase the efficiency of our committees, feeling sure that should our country be confronted by some definite need we should be able to reach expeditiously through well-trained committees the entire nursing personnel in the country.

**DELEGATES TO ANNUAL MEETING, 1915.** Each state nurses' association, organized for Red Cross service, is entitled to send a delegate to the annual meeting of the American Red Cross and the following are in attendance: Ada Finley, Georgia; Adelaide M. Walsh, Illinois; Emma M. Hunt, Kentucky; Mrs. George F. Sargent, Maryland; Elizabeth Dewey, New York; Augusta Condit, Ohio; Emma Nichols, Massachusetts; Regine White, Wisconsin; Minnie K. Bullard, West

Virginia; Lenah S. Higbee, Washington, D. C.; Kate Fowler, California; Julia C. Stimson, Missouri.

**GENERAL RELIEF WORK.** *Brownsville, Texas.* Late in March, owing to serious fighting across the border in Mexico and the impossibility of preventing wounded refugees from seeking shelter in Texas, it was necessary to open a temporary hospital in Brownsville, Texas. The local committees on Red Cross Nursing Service in Dallas, Houston, and El Paso were called upon and seven enrolled nurses reported promptly for duty. Antoinette Alschier, of Dallas, was appointed to act as Supervisor. The nurses sent from Dallas were, in addition to Miss Alschier, Katherine Ott, Katherine Justice, Senora Pouder; from Houston, Mrs. Lydia Drouet and Harriet Mae; from El Paso, Jessie M. Burt. They were assigned to duty late in March, the last returning to their homes May 17, having cared for two hundred and twelve serious cases with many major operations.

*Eastland Disaster, Chicago.* (For the report of this work see the JOURNAL of October, 1915.)

*Grand Army of the Republic Encampment, Washington, D. C.* (For the report of this work, see the JOURNAL of November, 1915.)

**DEPARTMENT OF INSTRUCTION FOR WOMEN.**—This Department has continued as heretofore under the supervision of the Chairman of the National Committee on Red Cross Nursing Service, with Marion L. Oliver in charge of the organization of classes who submits the following report for the year 1915:

During the past year there has been a great increase in the interest in Elementary Hygiene and Home Care of the Sick. . . . The course in Home Dietetics is also beginning to be better known and a textbook will be ready, it is hoped, by spring. The classes at the present moment are working from typewritten notes. The course in Elementary Hygiene and Home Care of the Sick does not in any way fit those taking it for professional work, but was organized purely as an educational movement. In case of war or disaster women whose names are on file at the office of Instruction for Women as having taken the course and passed the examination might be called upon to render such assistance as lay in their power. They could serve in minor capacities as aids to the nurses, working in surgical supply station, as housekeepers, etc. The untrained American women will have a place in the great scheme of national preparedness, but it must be understood from the start that this place must be a minor one as far as the care of the sick is concerned.

**EUROPEAN RELIEF.** In addition to the 126 nurses sailing on the Red Cross ship early in September of last year, 24 were sent to Serbia—12 early in September and 12 more on November 21. The last group did not, however, reach their destination, Gevgeli, until near the beginning of the new year.

*Yvetot.* Nine nurses were sent to Yvetot, France, on February 20 at the request of Dr. Ralph Fitch, of Rochester, New York, who had been for some time connected with the Alliance Military Hospital, No. 41. Mary M. Fletcher, a graduate of the Allegheny General Hospital Training School, Pittsburgh, Pennsylvania, was selected as supervising nurse. Miss Fletcher was for some time superintendent of the Martha Jefferson Hospital, Charlottesville, Virginia, and later assistant superintendent of the University of Virginia Hospital. At the time of her appointment she held a position in the Virginia Military Institute and was granted leave of absence for European service. More than half of the nurses in this group spoke French. Dr. Fitch severed his connection with the Yvetot Hospital on August 15, 1915, and requested permission of the Red Cross to transfer our nurses to a military hospital in St. Valery, France. Six of this group offered to remain after the withdrawal of our units, October 1, and are still on duty as volunteers or for nominal salaries, paid locally. Miss Fletcher has since married in England and plans to return to France with her husband for volunteer relief work.

*Belgium.* A request for two units came from Belgium toward the end of March and 24 nurses with Dorothy Ferree as supervisor sailed from New York April 17, 1915. Miss Ferree returned to the United States October 26, 1915, and Vashti Bartlett, one of the nurses transferred from Pau, France, was appointed as her successor. Miss Bartlett is a graduate of Johns Hopkins Hospital Training School, was for a time assistant superintendent of the Garfield Memorial Hospital, Washington, D. C., and resigned her position as superintendent of Watts Hospital, Durham, North Carolina, to accept service in Europe.

*Serbia.* At the request of Madame Grouitch the Red Cross sent two additional nurses to Nish, Serbia, to assist in the establishment of a hospital and dispensary for babies. They sailed on July 31, 1915, and Mrs. Maud Metcalf who had recently returned from nearly a year's service with one of our units in Kiev, Russia, was sent as supervisor for the Hospital. She was by experience well-qualified for this special work and accustomed to the trying conditions of European travel at this time. Unfortunately their work was interrupted soon after their arrival, not only by the Austrian military operations to the north, but by the entrance of Bulgaria into the war. In order to secure their protection and believing that their work would be more effectual, these nurses have been recently withdrawn to Sofia, Bulgaria.

*Bulgaria.* Two of our Red Cross nurses have been in Bulgaria for several months. Helen Scott Hay, who went over on the Red Cross Ship as general superintendent of nurses and who was on duty with the

Russian units for nearly a year, was transferred to Bulgaria in June, 1915, at the request of the Queen to take up the establishment of a training school for nurses, a plan interrupted by the outbreak of war last year. Soon after her arrival, the Queen asked for an additional nurse to act as assistant, and Rachel Torrance, who had served under Miss Hay in Russia, was also transferred. Since the declaration of war by Bulgaria, they have been occupied in developing a nursing service for the Army from the personnel available in Bulgaria. The two nurses from Serbia will be added to this group.

We have sent to Europe since the beginning of the war 255 Red Cross nurses, 70 of this number to relieve those returning. In several instances transfers have been made from one country to another in order to lessen the cost of transportation. Six nurses were transferred from Paignton, England, and six from Pau, France, to La Panne, Belgium, to fill vacancies.

There was an outbreak of typhus fever among our nurses and doctors in Gevgeli, Serbia, within a few weeks after their assignment to duty. Realizing that it would take some time to send relief from America, we called on our nearest unit, the one in Pau, France, for volunteers telling them of the situation in Serbia. Dr. Kirby-Smith, the senior medical director, Margaret Lehmann, supervising nurse of one of the Pau Units, Anna C. Lofving, and Rebecca Watson expressed their willingness to go and left promptly for Serbia. Additional nurses were also sent from America to aid in the care of our sick personnel and to relieve those able to return. They were, of course, informed of the conditions and the service was entirely voluntary. We had no difficulty, however, in securing the desired number. They were provided with a special protective garment and given definite instructions before leaving New York in regard to the cause and prevention of typhus fever, cholera and other diseases which they were likely to encounter. They were supplied with typewritten copies of this information and none of these nurses developed typhus.

*Health of the Nurses in Europe.* We have had no cases of serious illness in any of our units except those assigned to Gevgeli, Serbia, and none of our nurses have died during their service in Europe. Unfortunately our second unit arrived in Serbia just before the outbreak of the typhus epidemic. They were assigned to duty in an old tobacco factory utilized as a hospital, and I am sure that Florence Nightingale in the Crimea was never confronted by so hopeless a situation. There were absolutely no hospital facilities, no plumbing, no running water, only the most primitive methods of heating water, most inadequate laundry equipment and practically no clean clothing or bedding, only



piles of soiled clothing which had evidently been accumulating for weeks. The building was terribly overcrowded with several thousand patients and with fever cases scattered throughout the entire hospital, many of them lying on the floor surrounded by other patients as no attempt had apparently been made to classify them. The death rate was appalling and not even sufficient assistance available for the prompt removal and burial of the dead. Every effort was made by our unit to bring order out of this chaos. Beds and hospital furniture were improvised, patients classified and conditions generally improved when our own personnel began to fall ill. Of the six doctors with this unit, five developed typhus and eight out of the twelve nurses. Four nurses remained on duty during all these trying weeks, not only caring for our own people, but directing as far as possible the work of the hospital. Four of our nurses on duty in Belgrade, Serbia, developed typhus fever later, among them Rebecca Watson, who had gone as a volunteer from Pau, France. All of the nurses, however, made good recoveries and have either returned to the United States, or are now on their way home.

*Return of the Red Cross Nurses from Europe.* All of the nurses sent to Europe by the American Red Cross accepted an appointment for at least six months and none asked for their relief before the expiration of this period. The majority of the nurses remained until the units were recalled, October 1, 1915. Owing to lack of funds, the Red Cross decided to recall on October 1 all of its units with the exception of those on duty in Belgium, this unit having been sent over much later than the other. When this notice was sent to the German authorities they requested permission to retain such members of our units on duty both in Germany and Austria as were willing to remain for continued service in the German prison camps in Russia. The German government offered to pay the salaries and meet all the expenses of the expedition and return the group to the United States at the expiration of their service. After conferring with the Russian government, the Red Cross agreed to allow any of its personnel to remain who desired to do so. Thirty-eight nurses volunteered and left Germany for Petrograd late in September; recent advices from Russia indicate that they are now on duty in or near Moscow. Anna L. Reutinger, a graduate of the New York Hospital Training School for Nurses, was appointed supervising nurse of the entire group. She has had much experience as an executive, both in training school and hospital work, and resigned as directress of nurses in one of the New York hospitals to go to Europe last September as Supervisor of Unit "I." Miss Reutinger's selection was most suitable as she had filled the position of supervising nurse in

Gleiwitz, Germany, for over a year with the utmost tact. Although a native-born American citizen, Miss Reutinger speaks German fluently and has been most acceptable to the officials of the German Government and the German Red Cross.

*Has the Service of our Nurses in Europe been Worth While?* When we think of the vast numbers of sick and wounded scattered throughout Europe the patients cared for by our units seems pitifully small, although judged by ordinary standards their accomplishments have not been mean. I do believe, however, that we have established in European countries where modern training schools for nurses have not yet been organized a definite standard of nursing which will surely produce results later. The soldiers cared for in our various hospitals came from the most remote corners of Europe and have carried to their homes in Siberia, Poland or the Crimea words of praise for our nurses. Many soldiers returned to the trenches with a written request among their few treasured possessions that in case of injury they be returned to the American Hospital. One of the nurses, the daughter of a Bishop in the Episcopal Church, in summing up her work says: "The soldiers with whom we come in contact love us for our work. The story of it is carried to their homes, to their wives, and to their children, and their hearts go out to the country that has made our work possible." She also tells of a soldier who was seriously ill, a poor Galician, whose language no one could understand. He tried his best to tell them what he wanted but it was two days before they discovered that it was not merely a clean gown he was asking for but an American one with a Red Cross. Our nurses have had a valuable experience which should be of benefit to our own country. They have learned how to care for large numbers of patients all weary, ill, hungry and cold, and to make them comfortable in the shortest possible time without disturbing the routine of the hospital. We have learned that women can be mobilized without confusion, that their chances of illness, when carefully selected seem to be no greater than men's and that they face danger with equanimity. We have learned also the special type nurse most desirable for service of this kind. Out of all this experience we should be able to do a splendid piece of constructive work for our own country. We should be able to guarantee a satisfactory nursing personnel not only for National Relief Work in time of calamity but for efficient service should our country be confronted with that greatest of all disasters—war.

## NURSING IN MISSION STATIONS

### NEWS FROM CHINA

The Nurses' Association of China held its 1915 conference at Pekin, with an attendance of over fifty delegates from ten provinces, representing every denomination and nationality engaged in hospital work. The president, Miss Hope-Bell, took the chair at the opening meeting at the Union Medical College. Dr. Cormack, principal of the College, gave the opening address and conducted the devotional service. A reception followed to which all delegates, physicians and friends were invited. The guests of honor were: Sir John Jordan, British Minister; Surgeon-General Ch'uan of Tientsin; Roger Greene, representative of the Rockefeller Foundation, and Dr. Wu Lien-Te. A letter from the American Minister expressed regret at being unable to attend. Miss Powell, Methodist Hospital, Pekin, gave an address of welcome. Dr. Wu and Dr. Ch'uan followed, Mr. Greene sketched the purpose of the work of the Rockefeller Foundation in China, and Miss Hope-Bell thanked the guests for their greetings.

On the second day, the morning was given to three papers: Social Life, Recreation and Care of Nurses in Training, Miss Powell; Discipline for Women Nurses, Miss Baldwin, Foochow; Discipline of Men Nurses, Miss Tomlinson, Anking. In the afternoon a Chinese meeting was held at which all pupil and graduate nurses of the city were guests and all papers and addresses were in Chinese. Dr. Liu of the Methodist Hospital presided and addresses were given by Surgeon-General Ch'uan and by Miss Tippet of Pingyangfu. A social hour followed and the delegates were then taken in rickshas to the Lama and Confucian temples. The evening session was held with that of the Pekin Medical Association, Dr. Gray of the British Legation in the chair. It had been hoped that the President of the Republic would be present, but as he was indisposed, he sent a representative, Admiral Ts'ai Ting-Kan, who read a greeting from the President and to whom was given a message from the Association to the President. Papers followed on District Nursing in China, by Mrs. Lyon of Tientsin and Some Methods in Teaching Men Nurses, by Miss Hope-Bell.

On the morning of the third day, the papers were on practical subjects: Hospital Economics and Prevention of Waste, Miss Booth, Hankow; Nursing Requisites as Made on the Native Street, Miss Sawyer, Tehchow, with good discussions. After tiffin, the members

went to the Temple of Heaven in rickshas, where the afternoon session was held. After the devotional service, papers were given on: Humor and Pathos of Nursing in China, Miss Clark, Shanghai; The Evangelistic Opportunities of a Superintendent, Miss Tippet, Pingyangfu. A picnic supper followed the meeting in the grounds of the Temple of Agriculture.

On the morning of the fourth day a comprehensive paper, written by Miss Gage of Changsha was read, Hospital Social Service and its Possible Use in China. The question box was then opened and a lively discussion followed. In the afternoon eight touring cars took the delegates for a ten-mile ride to the Summer Palace.

Sunday was a day of rest and of special services.

On Monday, at the closing session, business was transacted, and the following officers were elected: president, Miss Powell, Pekin; vice-president, Miss Gregg, Tientsin; treasurer, Miss Chisholm, Shanghai; editorial secretary, Miss Lenhart, Shanghai; general secretary, L. A. Batty, Shanghai. It was decided to hold the 1916 meeting, in September, in Shanghai, and then to wait eighteen months, meeting at Chinese New Year, 1918. A service of prayer closed the conference.

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## TOO LATE FOR CLASSIFICATION

### CIVIL SERVICE EXAMINATION

The United States Civil Service Commission announces an open competitive examination for trained nurse for the Indian Service, on February 2, on the following subjects: anatomy and physiology, hygiene of the sick room, general nursing, surgical nursing, obstetrical nursing. The salary is \$720 a year and laundry of uniform. Applicants must be graduates of recognized schools giving at least a two years' course in a hospital. Full details may be secured by writing to the United States Civil Service Commission, Washington, D. C. The examinations will be held in various cities.

### PENNSYLVANIA

An educational director for nurses' training schools in the state of Pennsylvania will be elected on or about the first day of March, 1916. Persons wishing to apply for this position should write for application blank to the Pennsylvania State Board of Examiners for Registration of Nurses, 3813 Powelton Avenue, Philadelphia.

## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

*Collaborators:* BESSIE B. RANDALL AND ELEANOR JONES

**POST GRADUATE WORK.** During the past month, five letters have been received by this Department from nurses asking information about the various post-graduate courses for nurses in the United States. The same number of letters has been received from nurses asking the names of books particularly helpful in all forms of public health nursing. The last nurses are referred to the *AMERICAN JOURNAL OF NURSING* for May, 1914, page 642, in which is published a suggestive list of books. To these may now be added, for infant welfare work, the two excellent pamphlets on "Prenatal Care" and "Infant Care," written by Mrs. Max West, and published by the Children's Bureau, Washington, D. C.

The nurses asking information regarding post-graduate work are referred to the long courses given by Teachers College, Department of Nursing and Health, New York City; Henry Street Nurses' Settlement, New York City; The Instructive District Nursing Association, Boston, Massachusetts; The Visiting Nurse Association, Cleveland, Ohio; Phipps Institute, Philadelphia, Pennsylvania. A shorter course is given by the School of Civics and Philanthropy, Chicago, and a summer course of six weeks is given by this same institution and also at Teachers College, New York. The Raoul Foundation of Atlanta, Georgia, is offering, for the first time, this year, a course to public health nurses.

Some of the letters ask whether these courses are really worth while and if a nurse who had had a good training needs them. All education, whether for special work or general, is as valuable as the student makes it, but no nurses known to the writer, who have taken any of the above courses seem to feel that their time has been wasted. The following quotation from the report of a Chicago visiting nurse who took the course at Teachers College last summer may interest many nurses and convince them of the value of such a course, if they had any previous doubts on the subject:

And now, after the busy summer days have passed, comes the question, What did the course of Columbia do for you? Were I to answer that question



for my own satisfaction, I should say I found a part of myself that I thought I had lost in the bustle and hurry of making a living. But to speak practically, I have come home with the impression of having seen my own work in perspective, as through a huge moving picture machine; I have seen it as another person, with the opportunity of criticising and planning; I have seen it in its relation to all other organizations, and have a clearer realization that there must be nothing haphazard in any services rendered. Every person in social work has a wonderful opportunity to help shape the minds and bodies of those coming under her influence. It is an easy matter to give, but not so simple a problem to help the family or individual plan a self-respecting mode of living.

To know the birth-rights of individuals; to help individuals to understand and to equip themselves to rightly use these birth-rights, I believe is the true mission of every one engaged in any sort of social work. To combine the theoretical and practical; to keep constantly your ideals before you, and to realize ever that your work, when well done, however small it may be, is part of a great system made up of many separate plans, each of which becomes great only when its relation to society as a whole is considered.

The visiting nurses of Chicago were fortunate enough to hear Dr. Cabot discuss this same subject at one of their staff meetings during November. Among other things, he said that the nurse was about the only individual he knew, who was trained to do one thing and expected to do dozens of others. He illustrated by saying that nurses were trained to do nursing, and then were expected to do school nursing, tuberculosis nursing, or infant welfare work without any special education in any of these lines. Nurses are supposed to pretend to know how to do all of these things, although we do not expect a doctor to be a good lawyer nor a banker to be able to handle the social problems arising in the various families in which he may be more or less interested. Caring for a case of typhoid fever doesn't teach a nurse to bolster up the morals of a tuberculosis patient nor does caring for a tiny baby prepare a nurse to find a job for a one-armed man or to secure the pay of an alcoholic father for his wife and family. Since nurses are not taught how to do these things, two real dangers confront them, first, that they will see only the nursing care needed in the various households visited by them, or that they will feel obliged to pretend to know how to handle all of these difficult problems when they have never really learned how even to approach them. The result is equally disastrous whether a nurse fails to see the expert piece of social work presented by the family, or handles it unwisely because she has never been taught the significance and treatment. The greatest need of social workers is the study of character. This has no place in hospitals, there is no time to teach it, but it is the first thing needed in social work. The significance of the results upon the patient's character of the wrong kind of treatment, whether it be relief, medical, or other, cannot be overestimated.

In closing, Dr. Cabot advised all the visiting nurses to read a recently published study by Dr. William Healy, Director of the Psychopathic Institute of the Juvenile Court of Chicago, entitled *The Individual Delinquent*, for as nurses, we can't know too much about individual human character, what causes it, molds it, braces it, destroys it, etc. Alumnae of all schools and colleges are expected to help their schools and, in the same way, graduate nurses ought to bring their influences to bear upon their training schools to persuade them or enable them to give elective courses during their training which will better prepare the nurses for the big field awaiting them.

**VISITING CONTAGIOUS NURSING.** From a city of one hundred thousand, undergoing an epidemic of scarlet fever, the following request was received: "How is the care of contagious disease patients managed in Chicago? Under what department? Who pays the nurse, and what are her duties?"

The Chicago Health Department has a staff of quarantine inspectors and physicians who visit every quarantined case once daily until the quarantine sign is taken off. The mothers of the patients are told what precautions to take, and printed instructions are left in each home. In addition, the Visiting Nurse Association assigns one nurse to give nursing care to some of these patients. At one time five nurses were assigned to this duty and the number varies during the winter season, when there is a good deal of contagious disease. The contagious nurse, as she is called, cares for scarlet fever, diphtheria, and occasionally measles and erysipelas. She carries a gown and cap to the home of every patient, and this is left there for her use until the case is closed. She carries one gown and cap in her bag, for emergency work, but this is usually left at some home before the day is over. She does not leave any disinfectant with the family and follows the precautions outlined in the *Visiting Nurse Manual*. We try to urge our people to go to one of the three hospitals for the care of communicable disease cases in the city. When we are not successful in getting them to do so, we give the same sort of care to our contagious cases that we would give to any other sick person. The staff has, for years, taken care of these patients late in the afternoon. This has been done with the permission and advice of the Health Department. We have never been told of any cases of cross infection. We still care for some cases in this way, but prefer to have a special contagious disease nurse, for then these patients may be seen in the morning rather than the last thing at night. We do not believe, however, that there is any more danger in general visiting nurses giving this care than there is in permitting a health department representative to enter these homes. If proper precau-

tions are taken, the chance of cross infection is very small. The following statements have been received in regard to the care of these cases in other cities:

*Boston:* The contagious disease visiting nurses are under the supervision of the Department of Health, and give no bedside care. They do not act as sanitary inspectors and act as quarantine officers only inasmuch as they affix cards to the houses, see that the quarantine is maintained, and give instructions to the mother or people in the house in which there is a contagious disease, as to how to maintain the quarantine and the preventive measures to be taken, as well as instructions as to the care of the patient.

*New York:* Henry Street does care for contagion. We give the actual nursing care—baths, cleaning of throats, noses, etc., often making two visits a day. Every case of contagion is also visited by the Department of Health nurses, but their work is to see that quarantine is being observed, etc. Just now (November) the work is keeping only two nurses busy; later on we may have from twelve to fifteen assigned to this duty. Our contagion nurses have cabinets in the substations in which they fumigate their bags with contents, caps and gowns, every night. We used to use paraform and permanganate, but since the war has made the price of the latter prohibitive, we are, on advice of the Department, using formalin fumes. The Department does our contagion laundry for us and used to supply our permanganate, etc. Now we buy our own formaldehyd. The nurses fumigate their bags. The one gown is carried about, except in a very careless or virulent case, when one is left in the home. As far as possible the same nurse does not mix the diseases, but when there are few and long distances, a nurse does sometimes visit scarlet fever, measles and diphtheria in the same day. We know of no cross infections. Occasionally we have had contagion and post partum in the same family, in which case the same nurse attends to both, going to the case first thing in the morning with a clean gown and doing the post partum first. This has been with the consent of the physician.

*Philadelphia:* We are not permitted by the Health Department of Philadelphia to attend contagious diseases. There is a Municipal Hospital for such cases and the Health Department insists as far as possible on all cases being sent there.

*Washington:* We do not send nurses into homes quarantined on account of contagious disease, but we visit the home, talk to the family from the outside, explain why we are unable to give any nursing care, try to advise them regarding quarantine, and get outside help when it is necessary; but we have not entered these homes, nor have we con-

tinued to visit the family. The Health Department sends a sanitary inspector who placards the house and makes quarantine arrangements. We may change our system later.

*Cleveland:* The contagious disease nursing is done by nurses employed by the Health Division. The nurses do only instructive work. Occasionally the nurses of the staff of the Visiting Nurse Association give bedside care to patients suffering with contagious diseases, using precautions similar to those taken in hospitals doing contagious work. Permission must be obtained from the Health Commissioner to enter the home of each patient.

DISPENSARY SERVICE BY VISITING NURSE ASSOCIATIONS. An association employing three nurses wrote to ask what arrangements other associations made when local dispensaries asked the nurses to assist at some or all of the clinics. As the Omaha Visiting Nurse Association has been doing this for some time, for the two medical colleges in Omaha, the superintendent, Miss Randall, was asked to answer this question. Her answer is as follows:

For about three years, our Association had an arrangement with the Creighton Medical College, whereby we supplied them with a nurse, two hours daily. For such services we received twenty-five dollars a month. This, however, did not prove satisfactory; it is difficult for a nurse to put much interest in a work for which she has but an allotted two hours. This is especially true if her district work is heavy, for she is apt to feel that her time is of more value to her patients. On the other hand, I do not feel that such an arrangement could be wholly satisfactory to the dispensary. A dispensary field is as broad as the nurse wishes to make it, and for work to be well done, demands her undivided attention. There are two medical colleges in our city, and we now have one nurse for each of the two dispensaries. She is directly supervised by the superintendent of the Association, who plans to spend several hours each week at each dispensary, so as to keep in touch with the work. The superintendent is responsible to the dean of each college for all reports, sending him each week a report of the number of patients in each department, noting the presence of new—also reporting the attendance of the staff doctors and the students. She also suggests to the dean any plan whereby the attendance of the clinics may be enlarged, plans for better service, etc. The nurse at each dispensary is responsible for its cleanliness, for all supplies, for the punctuality, as well as the attendance of the staff, for the care of all records, etc. We find the present arrangement very satisfactory; we are able to help the dispensary by prompt follow-up work and they help us greatly by reporting cases which need us, and which might otherwise escape us, also by giving us promptly diagnoses and treatments.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**LEPROSY APPARENTLY CURED.**—Twenty-three of the former inmates of the Culion Leper Colony were brought to Manila for observation and examination, to determine whether the treatment with chaulmoogra oil administered to them at the colony had been effective. Three physicians who examined them agreed that there were no longer any indications of the disease present.

**WOUNDS AND MAGNESIUM CHLORID.**—*The Journal of the American Medical Association* mentions the report by a Paris surgeon of the good results obtained by dressing wounds with a 1-2 per cent solution of magnesium chlorid. Healing is more rapid than with the usual antiseptics, prolonged suppuration and cytolysis (cell disintegration) are avoided.

**MENSTRUATION AFTER CHILDBIRTH.**—*The American Journal of Obstetrics* says that the debilitating influence exerted by labor and later by the loss of blood fluids while nursing the child temporarily arrests ovulation. As soon as the disturbed equilibrium is restored, menstruation recommences. This occurs sooner in strong, healthy women than in weak delicate ones. In the majority of cases it is established before the child is weaned and therefore menstruation begins before lactation ends.

**MAGNET FOR EXTRACTION OF FOREIGN BODIES.**—The eye infirmary at Lyons has been fitted up as a base hospital and the giant magnet intended to extract particles of metal from the eyes is used in locating and extracting scraps of shells and bullets from the thigh, neck and back, as well as from the eyes. It has been suggested that a long thin magnet might be introduced into the esophagus, stomach and air passages to draw out metal foreign bodies.

**INTRAVENOUS INJECTIONS WITHOUT DISTILLED WATER.**—*The Journal of the American Medical Association* says that a French surgeon, in service on the firing line, has discovered that ordinary boiled water can be used for intravenous injections without harm if the tip of the syringe is pressed down upon a wad of cotton at the bottom of the dish in which the water was boiled, thus effectually filtering it.

**DETECTION OF EPILEPSY.**—A writer in a German medical journal gives a number of points in which an epileptic seizure differs from a



hysterical spasm. In epilepsy, twitching of the face muscles predominates; in hysteria, those of the trunk and limbs are most affected. In the former, the spasmodic movements occur on one side of the body; in the latter, the whole of the upper part of the body, or the legs alone are involved. After an epileptic attack the person feels prostrated and takes long to recover, after an hysterical attack recuperation is rapid and complete. Plantar flexion of the big toe is a reliable sign of true epilepsy, not occurring in hysteria.

**WOMEN PHYSICIANS IN ENGLAND.**—*The Medical Record* says the status of the woman physician in England has changed greatly since the beginning of the war. Positions on hospital staffs, hitherto held exclusively by men, are now offered to women, and the demand is considerably in excess of the supply. In some cases salaries double those received by men before the war are offered.

**MEASLES.**—*The Journal of Infectious Diseases* reports from a study of 254 cases of measles and from recent laboratory work on the disease, the following conclusions. The minimal period from exposure to first symptoms was seven days, the maximal fourteen days, average eleven days. The shortest period from the onset of the first symptoms to the appearance of the rash was one day, the longest seven days, the average three days. The shortest period from exposure to the appearance of the rash was eleven days, the longest nineteen days, the average thirteen and a half days. Measles may be ineffective as early as five days before the rash can be seen. The appearance of the rash marks probably the height of the infectiousness of the disease. This does not extend beyond seven days after the rash appears and is probably shorter. Disinfection after measles is useless and unnecessary. Transmission of measles by third persons and fomites must be exceedingly rare, if it occurs at all.

**MEDICINE A PROFESSION.**—In addressing the Mississippi Valley Medical Association, the president, Dr. Hugh Cabot, of Boston, said medicine had always been regarded as a learned profession, but the tendency of a profession to degenerate into a trade was ever present. A profession is an occupation requiring an education in science and which is pursued for its own sake. A trade, on the other hand, is an occupation which is pursued chiefly, though not wholly, for the purpose of acquiring wealth.

**LACTIC ACID TREATMENT OF TUBERCULOSIS.**—At the Forest Sanatorium at Davos, devoted to the camp tubercular patients, it was found that weak solutions of lactic acid readily destroy tubercle bacilli growing in culture. One per cent solutions of lactic acid were injected intravenously in incipient bases of pulmonary tuberculosis. The results

are said to have been brilliant. It is suitable only for early cases of the disease.

**STERILIZATION OF FEEBLE-MINDED.**—*The Medical Record* notes that operations for sterilization, the first under the new Wisconsin law, were performed recently on the male inmates ranging from fifteen to thirty years of age, at the Wisconsin State Home for Feeble-minded, Chippewa Falls.

**GOAT-MILK IN TUBERCULOSIS.**—A herd of thirty-six goats from the United States Department of Agriculture, has been sent to the Sea View Sanitarium, Staten Island, where the experiment of giving goat milk to the tuberculous patients is to be tried.

**ARREST OF HEMORRHAGE WITH A SCRAP OF MUSCLE.** *The Journal of the American Medical Association*, in a synopsis from a German medical journal, relates remarkable success in promptly arresting hemorrhage by pressing on the bleeding spot a piece of muscle tissue taken from the vicinity, crushed a little first in a clamp to make it stick better and bring the blood platelets more to the surface. It sticks itself after it has been pressed on the bleeding spot for a few seconds to two minutes.

**SUGAR INSTEAD OF SALINE INFUSIONS.**—The same journal states that a German medical authority warns against the use of salt as directly injurious to the abnormally sensitive epithelium in the kidney. When an infusion is indicated and the kidneys are below par, an isotonic sugar solution should be used instead of the ordinary saline. This is recommended as a routine treatment in cholera, the kidneys usually being seriously impaired, the lesions resembling those caused by poisoning with mercuric chlorid. Saline infusion tends to aggravate the kidney lesions while a 4-5 per cent solution of grape sugar is harmless and supplies a certain amount of nourishment.

**PORTABLE DARK CHAMBER.**—A Danish medical journal recommends as useful for ophthalmoscopy in the sick room, or where light cannot easily be excluded, a dark chamber made from an umbrella with a drop curtain all around it.

**HOSPITAL CONSTRUCTION.**—A German medical journal advocates the use of asphalt covered with cork linoleum for hospital floors. This renders them elastic and waterproof. Sheets of cork on both sides of the wall effectually deaden sounds between adjoining rooms.

## LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

### DIET FOR AN OBSTETRICAL PATIENT

DEAR EDITOR: I am not satisfied with my understanding of a nursing mother's diet. There is a wide difference of opinion among the physicians from whom I receive instructions, sometimes quite opposite opinions. It is my earnest desire to help both mother and child to thrive and I would greatly appreciate any suggestions offered. Many times I see a baby gain splendidly from day to day, yet it will be greatly distressed with colic after I have exhausted my resources for prevention and relief.

Ohio.

F. E.

### ANOTHER REPLY TO "SPANISH-AMERICAN WAR NURSE"

DEAR EDITOR: In opening the pages of a recent issue of the AMERICAN JOURNAL OF NURSING I hoped, as it always had been the case heretofore, to find myself on neutral ground; all the keener was my disappointment when I came across a letter in the October number written by a Spanish-American war nurse, of Bryn Mawr, called "Peace and Protection." In order that I might not be found guilty of not practicing what I preach, I will not enter into a discussion of the truth and merit of the statements contained therein, though much might be said on that subject, but I do protest most vigorously against a policy which allows such utterances to appear in a professional journal supposedly devoted to the art and science of nursing and the prevention of disease. Any one who wishes to add to the existing conflagration, by fanning the flames of hatred now consuming half the civilized world, surely finds plenty of opportunity in our corrupt daily press. It is not so much the bad taste of the writer of the letter that is to be condemned as it is the lack of judgment, tact, and discretion on the part of the editors for permitting it to appear in a journal which should hold itself aloof from the discussion of international politics at such a time.

Among your readers, no doubt, are women of all the various nations now at war with each other; is it your place by giving utterance to the opinion of one to hurt the feelings and offend the sympathies of the others? I sincerely hope that in the future you will carefully exclude from your papers all communications that are not absolutely neutral.

New York.

B. K.

### TO CHECK EPISTAXIS

DEAR EDITOR: I recently had a patient, forty years of age, who awakened one night suffering with epistaxis. I was called on the case after three days, during which time all the usual treatments had been tried, such as applying cold to the back of the neck, to the forehead and to the bridge of the nose, using astringent sprays, etc., but to no avail. The patient had become very weak from loss of blood and, being a heart case, for a time his life was supposed to be in danger. After taking the case, I learned that the patient had had only a few

hours' relief following these treatments, when the hemorrhage would start again. I had been with him but a short time when he told me he could feel the blood escaping down his throat, the nose having been packed. It was in the country where it is not always easy to reach a doctor and delay meant danger. Suddenly, as if some strange creature suggested the idea, I thought of a bandage I had in my bag and of its possible use. It was a new two-inch bandage and I unrolled it until it was as thick as my index finger, cut it, and put the piece that remained rolled under the patient's upper lip, pressing it well against the base of the nostril and telling him to keep his mouth closed, to help the pressure, and to keep as quiet as possible. In the meantime I telephoned to the doctor who, being on a maternity case, could not come at once. To my surprise and delight, when I returned the bleeding had ceased. After that, the ends of the bandage that usually go to waste, became an important factor. The patient had no more trouble until the next day, when a slight bleeding was noticed. The new treatment was brought into use with great success, and a fresh bandage was kept always handy. In a few days, aside from weakness, the patient was well on the road to recovery.

*New York.*

F. B. F.

#### RED CROSS MEMBERSHIP

DEAR EDITOR: In response to the inquiry of one of the enrolled nurses, I would say that at the annual meeting of the American Nurses' Association in 1909, it was voted to affiliate with the American Red Cross and to organize, through a national committee appointed by the War Relief Board, a nursing service for the American Red Cross. In recognition of this affiliation, the American Red Cross provided for a special membership of state nurses' associations organized for Red Cross work, giving them the right to delegate representation at the annual meeting of the American Red Cross. In formulating the rules for the enrollment of nurses it was decided that one of the requirements for enrollment should be membership in the American Nurses' Association, the organization affiliated with the American Red Cross. This membership might be either direct or through any of the organizations belonging to the American Nurses' Association, such as state, county or alumnae associations. It would not, however, be possible for enrolled nurses to consider themselves members of the American Nurses' Association by right of their enrollment, as the Red Cross organization is not a member of the American Nurses' Association but simply affiliated with it. It would seem to me that this point should be quite clear, by the fact that the Red Cross requires membership in the American Nurses' Association before accepting a nurse for enrollment. This requirement would scarcely have been made had each enrolled nurse become a member of the Association by virtue of her enrollment.

*Washington, D. C.*

JANE A. DELANO.

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

### THE ISABEL HAMPTON ROBB MEMORIAL FUND

In response to requests for some further general information about the uses of the Fund, the Committee is glad to state briefly that scholarships of \$200 each are now given each year to the three best-qualified candidates, for work in one of the following institutions. (a) Department of Nursing and Health, Teachers College, Columbia University, New York; (b) School for Social Workers, Simmons College, and Instructive Visiting Nurse Association, Boston, Massachusetts; (c) School of Civics, Chicago, Illinois; (d) Henry Phipps Institute, with the Visiting Nurse Society, and the Philadelphia Training School for Social Work, Philadelphia, Pennsylvania. These courses have been selected by the Committee and will be added to from time to time as seems advisable. It will be observed that opportunities for training in public health nursing are given in all of them, while Teachers College offers, in addition, preparation for administrative and teaching work in hospitals and training schools, and for specialization in dietetics, occupations, school nursing, infant welfare work or others to be selected. Candidates will, of course, in all instances, be expected to meet the educational and other requirements of the colleges or other institutions in which they desire to work. The funds available have enabled the Committee to award only three scholarships each year, and up to the present date twelve scholarships have been awarded. There have been forty regular candidates for the scholarships and many inquiries for information. The need is urgent and widespread for nurses who are in some measure prepared by special training for the various fields of nursing which are developing steadily, and these scholarships provide one good way of helping nurses to more adequately meet the demand. They of course should and do serve other more fundamental purposes. Of the three students to whom scholarships have been awarded this year, one is studying in the Visiting Nurses' Association and Simmons College, Boston, and the other two are at Teachers College in New York. Applications for these scholarships for the year 1916-17 may be made up to May 15. Fuller details may be secured from the Secretary, Katharine DeWitt, 211 Westminster Road, Rochester, New York.

### REPORT OF THE ISABEL HAMPTON ROBB FUND, DECEMBER 15, 1915

Previously acknowledged.....	\$15,271.47
A. E. Hulme, London, England.....	5.00
Beatrice Kent, London, England.....	5.00
Pennsylvania Hospital Alumnae Association, Philadelphia.....	20.00
Sara E. Parsons, Massachusetts General Hospital, Boston.....	5.00
St. Luke's Hospital Alumnae, San Francisco, California.....	10.00
North Carolina State Nurses' Association.....	10.00
Hahnemann Hospital Alumnae, Philadelphia, Pennsylvania.....	10.00



## Nursing News and Announcements

351

Ella Phillips Crandall, New York.....	\$25.00
Graduate Nurses' Association of St. Louis, Missouri.....	10.00
Thomas Fenton Taylor, 74 Buckingham Street, Cambridge, Massachusetts.....	5.00
Bellevue Alumnae Association, New York City.....	25.00
Janet E. Grant, Supt. Moses Taylor Hospital, Scranton, Pennsylvania.....	10.00
Wisconsin Association of Graduate Nurses.....	25.00
Clara E. Cummings, Syracuse, New York.....	2.00
Nurses' Alumnae Association, St. Luke's Hospital, New York City..	50.00
Massachusetts General Hospital Nurses' Alumnae, Boston, Massachusetts.....	25.00
Wayne County Nurses' Association, Detroit, Michigan.....	5.00
German Deaconess' Alumnae Association, Cincinnati, Ohio.....	5.00
German Hospital Alumnae Association, New York (Sustaining).....	10.00
Graduate Nurses' Association of Connecticut (Sustaining).....	20.00
Indianapolis City Hospital Nurses' Alumnae Association.....	5.00
Betsey L. Harris, Children's Free Hospital, Detroit, Michigan.....	1.00
Mary M. Roberts, Cincinnati, Ohio.....	3.00
Mercy Hospital Alumnae, Pittsburgh, Pennsylvania.....	10.00
Visiting Nurse Association, Cleveland, Ohio (Sustaining).....	25.00
Ramsey County Registered Nurses' Association, St. Paul, Minnesota..	10.00
<b>Total.....</b>	<b>\$15,607.47</b>

All contributions should be sent to Mary M. Riddle, Treasurer, Newton Hospital, Newton Lower Falls, Massachusetts, and all drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Company, Chicago, Illinois.

MARY M. RIDDLE, *Treasurer.*

### REPORT OF MCISAAC FUND

Wisconsin Graduate Nurses' Association.....	\$25.00
Salem Hospital Nurses' Alumnae Association.....	10.00
St. Luke's Hospital Alumnae Association, San Francisco.....	10.00
Helen Cleland.....	5.00
Sara E. Parsons.....	5.00
Mary M. Riddle.....	10.00
Alumnae Association, Post Graduate Hospital, New York.....	25.00
Massachusetts General Hospital Nurses' Alumnae .....	25.00
	<hr/> \$115.00

All contributions, drafts, money orders, etc., should be made to Mary M. Riddle, Treasurer, and sent to her at Newton Hospital, Newton Lower Falls, Massachusetts.

MARY M. RIDDLE, *Treasurer.*

## REPORT OF THE RELIEF FUND, NOVEMBER, 1915

*Receipts*

Previously acknowledged.....	\$5851.51
Interest on bond.....	20.00
Reading Hospital Alumnae Association, Pennsylvania.....	15.00
Harriet Hendrick, Hartford, Connecticut.....	10.00
Mrs. Ruth Williams, Alumnae Association Johns Hopkins Hospital, Baltimore, Maryland.....	1.00
Irene J. Carroll, Alumnae Association Johns Hopkins Hospital, Balti- more, Maryland.....	1.00
Ysabella G. Waters, Alumnae Association Johns Hopkins Hospital, Baltimore, Maryland.....	25.00
Mary E. Mitchell, Brooklyn Homoeopathic Hospital Alumnae Associa- tion.....	3.00
Margaret J. Thompson, Washington, D. C.....	5.00
Alumnae Association Good Samaritan Hospital, Los Angeles, Cali- fornia.....	5.00
Lena H. Dieman, M.D., Walpole, Massachusetts, Massachusetts Homoeopathic Hospital Alumnae Association.....	1.00
Anna C. Rogers, Omaha, Nebraska, Alumnae Association Johns Hop- kins Hospital, Baltimore, Maryland.....	1.00
Mrs. F. O. Pietsch, Chicago, Illinois, Alumnae Association Johns Hopkins Hospital, Baltimore, Maryland.....	2.00
Elizabeth G. Fox, Washington, D. C.....	1.00
Annie C. Nehill, Lee, Massachusetts, Springfield Hospital Alumnae Association.....	1.00
A Friend, Hartford, Connecticut.....	1.00
Graduate Nurses' Association of Cincinnati and Hamilton Counties, Ohio.....	25.00
Annah Winn, Alumnae Johns Hopkins Hospital, Baltimore, Maryland	1.00
Bessie Ross, General Hospital Enid Alumnae Association, Oklahoma..	1.00
Mrs. A. R. Colvin, St. Paul, Minnesota, Johns Hopkins Hospital Alum- nae Association, Baltimore, Maryland.....	5.00
Wisconsin Association of Graduate Nurses.....	25.00
E. Bervein Armstrong, Brooklyn Homoeopathic Hospital Alumnae Association.....	1.00
German Deaconess Alumnae Association, Cincinnati, Ohio.....	5.00
Rose Sargent, Battle Mountain, Nevada.....	5.00
Mercy Hospital Alumnae Association, Davenport, Iowa.....	10.00
Miss Sampson, Alumnae Association Johns Hopkins Hospital, Balti- more, Maryland.....	1.00
Jefferson Medical College Hospital Nurses' Alumnae Association, Philadelphia, Pa.....	50.00
Presbyterian Alumnae Association, Chicago, Illinois.....	25.00
Cora E. Hardon, Orange, N. J.....	1.00
Calendar fund.....	0.00

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**\$6104.51**

*Disbursements*

October 1, 1915

North Carolina State Nurses' Association

Benefit No. 1, Ninth payment..... \$10.00

November 1, 1915

North Carolina State Nurses' Association

Benefit No. 1, Tenth payment..... 10.00

Invested in bonds..... 5091.97

Exchange on check..... .10 \$5112.07

992.44

December 1, 1915

13 Bonds, par value..... 13,000.00

2 Certificates of stock..... 2,000.00

Total Balance December 1, 1915..... \$15,992.44

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information address L. A. Giberson, 1520 Arch Street, Philadelphia, Pennsylvania.

M. LOUISE TWISS, *Treasurer*.

## NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

The third annual meeting of the National Organization for Public Health Nursing, held in San Francisco June 21-25, was characterized by the same buoyant enthusiasm and evidence of progress that made the two previous conferences so successful. During its several sessions, round tables and conferences, practically the entire range of subjects embraced by the inclusive term "public health nursing" was touched upon and in many instances dealt with exhaustively. The meeting was called to order by the Executive Secretary, Ella Phillips Crandall, who read a telegram of greeting and regrets from the president of the organization, Mary S. Gardner, who was unable to attend on account of illness. Miss Wald, honorary president; Miss Foley, first vice-president; Miss Dorsey, second vice-president; and Mary E. Lent, secretary of the organization from its beginning, although unable to attend the meeting, sent messages of congratulation and good will. In the absence of the secretary, Miss MacGaffey, of Pasadena, was appointed secretary pro tem. The roll call by states which followed showed an attendance of 73 members, 17 delegates and 54 guests, representing 28 states. The address prepared by Miss Gardner, expressing her faith, courage and hope in and for the organization, was read by Winifred Fitzpatrick, in response to which a telegram of greeting was sent to Miss Gardner. The executive secretary's third annual report showed that the most distinctive feature in the development of this three-year-old organization during the year that has just closed was the significant fact that the organization has impressed itself not less on individuals and local associations, but very much more on those of larger scope, such as county, state and national organizations, representing both private and governmental control. Gratifying indeed was the report showing the number of members on April 1, 1914, including active, associate, corporate,

sustaining, contributing and associate corporate members, to be 1090 as against 1338 members on June 1, 1915; the number of members lapsed during the year was 149; new members added during the year, 402; 61 new applications had been received since June 1, and 43 members had been enrolled, making a total of 1381 members. One particularly pleasing phase of the work was the creditable list of publications that has been gathered. These publications had served more than any one thing to commend the organization to members and friends; manufacturers and manufacturers' associations are continually asking for all that can be procured in order to help convince their boards of the value of industrial nursing, and of better conditions for their laborers; state departments of health also ask for "all data available to show the importance of maintaining only graduate nurses for public health nursing throughout the state." The secretary made a strong appeal to the thoughtful men and women who constitute this organization (which was brought into existence for the express purpose of determining and extending standards of public health nursing) that they should lend their influence toward overcoming extravagance and waste in administration: duplication and inefficiency in service; and justice to the people who are served; (1) by training nurses for a larger service and (2) by requiring general public health work in the place of the many specialized activities which are now in operation. Several state universities already have post graduate courses for public health nurses, and during the coming year two new courses in public health nursing will be opened: one in Boulder, Colorado, and one in Santa Barbara, California; also an endowment is being raised by the Women's Department of the National Civic Federation as a memorial to Mrs. Woodrow Wilson, wherewith to endow a chair of public health nursing in Peabody College, Nashville, Tennessee. One of the most important developments of the organization during the past year, Miss Crandall said, was the establishment of an advisory council, by unanimous order of the board of directors, to consist of the following seven representative persons: Dr. C. E. A. Winslow was selected as a representative of the field of sanitary science; Dr. Herman M. Biggs, as a public health administrator; Dr. Lee K. Frankel, as an advocate of the social value of the visiting nurse; Dr. William H. Welch, to express the endorsement and co-operation of the medical profession; Julia C. Lathrop, to signify the close relationship between the work of the Federal Children's Bureau and the national service which public health nurses are prepared to render both as health missionaries and gatherers of sickness statistics; Mrs. Helen Hartley Jenkins, who endowed Teachers' College, Department of Nursing and Health, and Mrs. William K. Vanderbilt, who maintains the department of visiting nursing in the Presbyterian Hospital, New York City, for their special interest in public health nursing. Motions were made, seconded and carried, to confer honorary membership upon Mrs. R. L. Ireland, the first chairman of the Membership and Finance Committee; Mrs. James L. Houghteling, the retiring chairman of the same committee, and Mrs. Arthur Adis, who is resigning as chairman of the Committee on Organization and Administration. A report by the Committee on Incorporation was presented by its chairman, Elizabeth Crowell, of New York. The report was accepted by unanimous vote, and laid on the table pending a proposed thorough revision of by-laws in conjunction with the two other national bodies of nurses. It will be presented in full at the next annual meeting. As the term of office of president is two years, the organization was not called upon at that meeting to vote for president, the present officer having served but one year.

However, in view of her illness, she submitted her resignation to the Board of Directors, who learned through her physicians and intimate friends that the work was not an undue tax on her, but on the contrary acted as a diversion for her; thereupon, a recommendation was presented to the Board that Miss Gardner's resignation not be accepted. The motion was carried. The members of the National Organization were urged to send two official delegates to the second annual meeting of the National Conference on Race Betterment. Mrs. Margaret Sirch, superintendent of municipal nurses, Los Angeles, and Elizabeth H. Ashe, head resident, Telegraph Hill Settlement, San Francisco, were chosen. Carolyn C. Van Blarcom, secretary of the National Committee for the Prevention of Blindness, stated that this committee was planning to organize an advisory council, consisting of representatives from various national bodies concerned with public health, and that she had been authorized to secure the appointment of a representative from the National Organization for Public Health Nursing. She spoke of the necessity of securing the cooperation of the medical profession, nursing profession and the health officers in reaching a solution of this problem of unnecessary blindness. Miss Van Blarcom also recommended that the Committee on Infant Welfare be reorganized; that as the work has many subdivisions, it should be a separate committee, having as its chairman someone who is actively engaged in infant welfare work, and who could make the work of the committee a help and an inspiration to nurses or nursing organizations wishing to take up infant welfare work: that after two years of experimenting, it had been found very unsatisfactory to have three sub-committees under one chairman. She further recommended that in addition to the removal of the Committee on Infant Welfare from her general committee, that the two remaining subjects, viz: midwives and prevention of blindness, should combine into one title for one committee with one chairman, thus making two committees: one on Infant Welfare and one on Prevention of Blindness and Midwives. This recommendation was duly acted upon by the board of directors, Minnie H. Ahrens, of Chicago, being appointed chairman of the Committee on Infant Welfare, and Miss Van Blarcom chairman, of the Committee for Prevention of Blindness and Midwives. On the evening of June 21, the opening session of the American Nurses' Association was held in the auditorium of the First Congregational Church. Mrs. Frederick G. Sanborn, president of the Woman's Board of the Panama-Pacific International Exposition, gave the address of welcome, to which Miss Goodrich responded, and later the presidents of the three associations spoke briefly.

On the morning of June 22, the members of the National Organization assembled to hear the program provided by the Committee on Membership and Finance. Mr. W. T. Selleck, manager of the San Francisco Industrial Bureau, gave a discourse on "Successful Organization Financing," which was followed by an equally helpful discussion by Robert Newton Lynch, vice-president and manager of the San Francisco Chamber of Commerce and manager of the California Development Board. The meeting was then thrown open to general discussion of ways and means of financing local enterprises. The revision of the by-laws was considered, and it was finally decided that only a few simple changes be made at this meeting, and other changes be postponed until next year. On the afternoon of June 22, a joint session of the American Nurses' Association and the National Organization for Public Health Nursing was held to discuss the possible amalgamation of the three closely allied forms of visiting nurse service



i.e., hourly nursing, household nursing and visiting nursing. Papers were read by Mary M. Riddle, on Hourly Nursing, Richards M. Bradley, on Household Nursing in Relation to Other Similar Work; Mrs. John H. Lowman, on The Possible Amalgamation of Visiting, Hourly and Household Nursing; and Dr. Lee K. Frankel, on Standards of Visiting Nurse Work.

The meeting on the morning of June 23 was turned over to a discussion on School Nursing, and in the afternoon a joint session was held in the Greek Theatre, under the auspices of the International Council of Nurses. An interesting incident during this session, was the approved suggestion that telegrams of greeting be sent to the following absent members; Mrs. Bedford Fenwick, M. Adelaide Nutting, Jane A. Delano, Lillian D. Wald, Lavinia L. Dock, and Louisa Lee Schuyler. The program for the only evening session held under the auspices of the National Organization was furnished by the Committee on Infant Welfare, including papers by Dr. Philip Van Ingen, secretary American Association for the Study and Prevention of Infant Mortality, on The Prevention of Infant Mortality and the Work of the Public Health Nurse; Dr. Grace L. Meigs, of the Children's Bureau, Washington, D. C., on The Work of the Children's Bureau for Infant Welfare; Dr. Ellice M. Alger, professor Ophthalmology, New York Post Graduate Medical School, on Prevention of Infant Blindness the Trained Nurses' Opportunity; E. Ida McCune, visiting nurse, Infant Welfare Department Associated Charities, San Francisco, on The Nurses' Part in Infant Welfare Work; and Dr. Ida S. Wile, member of the Board of Education, New York City, on the Nurse of Tomorrow.

The Committee on Industrial Nursing opened its section meeting on the morning of June 24, at which short papers on Industrial Nursing were prepared by nurses in the employ of Sears, Roebuck & Co., and the American Can Company by Eva I. Anderson of the Illinois Steel Company, Agnes P. McCleery of Edward V. Price & Co., and Jane Flanagan of the International Harvester Company. There were also round table discussions by several of the committees.

The officers and directors for 1915, are as follows: honorary president, Lillian D. Wald, New York City; president, Mary S. Gardner, Providence, Rhode Island; vice-presidents, Mary Beard, Boston, Nan L. Dorsey, Louisville; secretary, Mary E. Lent, Baltimore; treasurer pro tem, Lillian D. Wald, New York City; chairman Membership Committee, Mary Magoun Brown, New York City; executive secretary, Ella Phillips Crandall, New York City.

*Board of Directors:* Ida M. Cannon, Cambridge, Massachusetts; Olive Chapman, Colorado Springs; F. Elisabeth Crowell, New York City; Edna L. Foley, Chicago; Elizabeth G. Fox, Washington, D. C.; Lystra E. Gretter, Detroit; Matilda L. Johnson, New York City; Isabella H. Pirie, Los Angeles; Rebecca Shatz, New York City; Margaret F. Sirch, Los Angeles; Elizabeth Stringer, New York City; Lena A. Warner, Knoxville, Tenn.; Martha J. Wilkinson, Hartford; Elizabeth H. Ashe, San Francisco; Irene A. Foote, Jacksonville, Fla.

The meetings throughout were pervaded by a fine spirit that left a strong impression upon both members of the organization and its guests. One felt at every turn the infectiousness of the hope and courage which were animating all of the nurses as they met and dealt with their respective problems. The exhilarating sense born of progress already made and promised in the future made all look forward eagerly to the convention which will be held in New Orleans during the spring of 1916.

## ARMY NURSE CORPS

**APPOINTMENTS.**—Emily Soule, graduate of Santa Rosa Infirmary, San Antonio, Texas, assigned to duty at Letterman General Hospital, San Francisco, California. Margaret A. Dietrich, Mercy Hospital, Pittsburgh, Pennsylvania; Anna M. Duryea, Metropolitan Hospital, Blackwell's Island, New York, assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

**REAPPOINTMENT.**—Emma K. Frey, Homeopathic Hospital, Rochester, New York, assigned to duty at the Hospital, Fort Leavenworth, Kansas.

**TRANSFERS.**—To the Letterman General Hospital, San Francisco, California: Ethel S. Williamson, Ethel V. Frost, Edith L. Sutcliffe, Margaret Lydon, Alta C. Beane, L. Eleanor Langstaff, Bernice E. Hanson. To the Army General Hospital, Fort Bayard, New Mexico: Margaret Knierim, Ruth Knierim, Sayres L. Milliken, Agnes F. James, Annie M. Shea, Daisy E. Krebs. To the Department Hospital, Manila, Philippine Islands: Sophy M. Burns, assigned to duty as chief nurse. To the Hospital, Fort William McKinley, Philippine Islands: Henrietta Davidson, assigned to duty as chief nurse.

DORA E. THOMPSON,

*Superintendent, Army Nurse Corps.*

**THE GUILD OF ST. BARNABAS FOR NURSES** held its twenty-ninth annual council at Christ Church, Meadville, Pennsylvania, October 28 and 29. Thursday evening the annual Guild service was conducted in the church. The Rt. Rev. Charles Sumner Burch, Suffragan Bishop of New York and Chaplain-general of the Guild, made an address, and the Rt. Rev. Rogers Israel, Bishop of the diocese, welcomed the Guild council into the diocese. After the service a reception was tendered the delegates and local guests by the Meadville branch of the Guild. Elections resulted in Bishop Burch being elected chaplain-general; the Very Rev. Carroll M. Davis, vice chaplain-general; Miss Golding, secretary; Mrs. B. B. Van Harlingen, treasurer-general; and the Rev. Dwight Graham, editor of the *News*. The Council decided to continue the support of a nurse in the mission field and looks forward to the time when more nurses may be supported in mission hospitals. Definite steps to increase the number of local branches in places where the Guild would be of service were taken. The invitation of Dean Davis to meet at St. Louis next year, before the General Convention, was accepted.

**THE NATIONAL CONFERENCE OF CHARITIES AND CORRECTIONS** will hold its forty-third conference at Indianapolis, May 10-17, 1916. The president, Dr. Francis H. Gavisk, of that city, is the first Catholic clergyman to preside over this conference.

## ALABAMA

**THE EXAMINING BOARD FOR STATE REGISTRATION** met in Birmingham, November 23. LeMoyné Phares of Mobile was elected president; Helen MacLean of Birmingham, secretary. Over 180 nurses made application for registration. The next meeting will be held in Mobile in February.

**BIRMINGHAM.**—**THE GRADUATE NURSES' ASSOCIATION** held its monthly meeting at the Hillman Hospital. The members are studying the *History of Nursing* by Nutting and Dock. Copies of the program were presented to the association by Katherine Canty. Interesting reviews of India and Ceylon were given by Mary Denman; of Egypt, Babylon and Assyria by Bertha Thompson. Miss

Thompson also gave a report of the meeting of the State Federation of Women's Clubs which she attended as a delegate. Members of the association assisted in selling Red Cross seals.

THE LOCAL COMMITTEE ON RED CROSS NURSING SERVICE appointed Linna H. Denny as its delegate to attend the annual meeting of the Red Cross in Washington. The Graduate Nurses' Association assisted the Local Committee in defraying the expenses.

#### COLORADO

Woodman.—EMMA J. MARGESON has accepted the position of head nurse at the Modern Woodmen of America Sanatorium.

#### CONNECTICUT

Danbury.—THE GRADUATE NURSES' ASSOCIATION held its regular meeting in November in the offices of Dr. Annie Keeler, who gave an address on the differences in microscopes. Isabelle Stevens, vice-president, presided. Miss Stevens has resigned her position as visiting nurse, and the association adopted resolutions of appreciation of her work as organizer, and of regret at her departure. Miss Stevens will be succeeded by Mary Brennan, class of 1911, Danbury Hospital.

New Haven.—THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL held its December meeting at the Dormitory. Dr. Woodward, superintendent of the hospital, who was elected an honorary member, gave a talk on the present needs of the hospital. A card party and sale held on December 8 proved a success, the proceeds being used for the sick benefit fund.

#### ILLINOIS

Chicago.—MARY C. STEWART, who has been resting since giving up her position at the Henrotin Hospital, has accepted the position of matron (which corresponds to that of superintendent here), at the Queen's Canadian Hospital, Beechborough Park, Shorncliffe, England. Miss Stewart sailed November 27.

Springfield.—THE GRADUATE NURSES' ASSOCIATION held a regular meeting, November 27, at the Lincoln Library. Dr. Frank Norberg, state alienist, gave an interesting talk on The Nervous Life of the Individual.

Jacksonville.—DISTRICT 13, OF THE GRADUATE NURSES' ASSOCIATION held its regular meeting December 7, in the new Nurses' Home. An active campaign, in which the nurses are assisting, is in progress for a new hospital.

#### INDIANA

Fort Wayne.—The Lutheran Hospital has recently built an addition costing \$10,000 to its nurses' home; it was dedicated and formally opened on Thanksgiving Day.

#### IOWA

Des Moines.—THE REGISTERED NURSES' ASSOCIATION met in their room, 513 Fleming Building, November 17, Adah Hershey presiding. After the business session, Miss Hershey gave a most excellent report of the Mississippi Valley Conference on the Prevention of Tuberculosis which was held in Indianapolis in Oc-

tober. Miss Hershey was appointed by Governor Clark as the official representative from the state of Iowa. The work of the Women's Friend movement was presented by Mrs. W. A. Wilson, the originator of the plan, and the Association voted \$26 for its support. The Association accepted the invitation of Miss Robinson to hold the social meetings at her home. Fifteen members were in attendance. The Association met on December 1. After a short business session, Dr. John H. Peck gave an illustrated lecture on Tuberculosis. Mr. Horace S. Hollingsworth followed with a talk on What Nurses Can Do for Local Charities. Both of these talks were much enjoyed by the forty nurses present. A fine picture of Edith Cavell has been presented to the Association by Dr. Priestly. During the holidays a booth was maintained by the Association for the sale of Red Cross seals.

**Waterloo.**—THE GRADUATE NURSES' ASSOCIATION OF BLACK HAWK COUNTY gave a reception to Alice C. Beatle, on her return from Red Cross service, at the home of Mrs. Ridenour. The most interesting feature of the afternoon was a talk by the guest of honor on her interesting work and experiences during the past year among the Red Cross nurses in Hungary. Miss Beatle has received decorations from the Crown Prince of Austria, the Turkish Crescent Society and the Hungarian Red Cross Society for her efficient work. Miss Reeder of Dubuque and Charlotte Ballantyne, delegates to the Charities and Corrections convention were also guests of the afternoon.

**Iowa City.**—THE SUPERINTENDENT AND HEAD NURSES OF THE TRAINING SCHOOL OF THE STATE UNIVERSITY HOSPITAL, held open house at the Nurses' Residence during the "homecoming" and on November 12 entertained at a social evening. Dr. Graham, formerly superintendent of the Iowa Methodist Hospital, Des Moines, became superintendent of this hospital on January 1. Anna Funk, class of 1913, has taken charge of the Doctors Moon Hospital, Williamsburg. Emma Docken, class of 1914, is with the School of Dentistry of the University. Harriet Olson, class of 1914, has been appointed superintendent of St. John's Hospital, Sioux City.

#### MAINE

THE MAINE STATE BOARD OF NURSE EXAMINERS consists of the following: president, Dr. J. Wadsworth, Skohegan; secretary-treasurer, Carolyn Kelly, 71 Stone St., Augusta; Annie M. Peabody, Portland; Mertie E. Taylor, Lewiston; Eleanor Griffin, Portland.

#### MASSACHUSETTS

THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its autumn meeting at the Hotel Brunswick, Boston, November 13. After prayer by Rev. O. P. Gifford, reports of officers were given and of the Legislative Committee. Miss Parsons spoke of the great gain made under the present law and of the hope for greater gain if old Section 3 can be struck out and new Section 3 inserted. The new section provides that nurses having a certificate from a training school giving a course of two years in the hospital are eligible for examination, and also provides for the inspection of training schools. Ellen McHugh read an able paper on the Organization of Private Duty Nurses. An address by Anne W. Goodrich on the Value of State Registration of Hospitals and Training Schools was listened to with close attention and many questions were asked of the speaker. Mrs. Jane Barker Homer read a communication from Red Cross Headquarters

concerning the Japanese crepe accepted for nurses' Red Cross uniforms. Dr. Laura A. C. Hughes spoke on seizing opportunities to give special instruction to pupil nurses as such may arise, for instance, the Red Cross nurses may be handling the situation after some disaster in the neighborhood of some large hospital and this condition might well be used as material for special lessons to the pupils in the training schools. Miss Riddle gave data of the work of the State Examining Board: three examinations are held each year. The figures given for the January and April examinations of 1915 are:

*January.*—Number examined, 142; registered, 128; rejected, 14; graduates examined, 137; graduates registered, 124; graduates rejected, 13; per cent rejected, 9; number of non-graduates examined, 5; registered, 4; rejected, 1; per cent rejected, 20.

*April.*—Number examined, 235; registered, 194; rejected, 41; graduates examined, 210; graduates registered, 180; graduates rejected, 30; per cent rejected, 14; non-graduates examined, 25; non-graduates registered, 15; non-graduates rejected, 10; per cent rejected, 40.

A collection in aid of the Relief Fund of the State Association was taken. Mary E. P. Davis received a cordial welcome from her many friends. The graduates of Teachers College who were present at the meeting dined at the Women's City Club, Miss Riddle and Miss Goodrich being the guests of honor.

*Boston.*—THE HOMEOPATHIC HOSPITAL ALUMNAE ASSOCIATION held its twentieth annual luncheon at the Copley Plaza Hotel, November 8, with seventy-five members present. Carrie M. Hall, superintendent of the Peter Bent Brigham Hospital, gave an account of the Convention of the American Nurses' Association, Mrs. Marion Booth Kelley spoke of women's activities outside of the nursing world, in an interesting address on the feminist movement. Letters were read from the following absent members: Georgina Durant, from "Somewhere in France;" Maude Pazineau, who is with the Harvard Unit in France; Jean Baird, who is in a military hospital in Alexandria, Egypt.

THE GUILD OF ST. BARNABAS began its winter work in November. On the second Tuesday in each month, at Trinity Parish House, the nurses sew for the Alaska mission. On the other Tuesdays, surgical supplies are made for the Civic Federation for small hospitals in northern France.

AT THE DECEMBER MEETING OF THE BOSTON CITY HOSPITAL NURSES' CLUB, an interested audience heard Dr. E. H. Nichols tell of the inception and formation of the work in Hospital 22 in the north of France. The Alumnae Association Educational Loan Fund has been increased to almost \$1500 by the addition of \$900 raised at the fair recently held.

THE UNIT of 12 physicians and nurses sent to the relief of the Montenegrins by John W. Armstrong, of New York, sailed from Halifax, in December. Included in the Unit are Miss Hampl, graduate of a New York Hospital, who recently returned from Serbia, and Miss Lamos of the Wesley Hospital, Chicago. More than 600,000 pounds of food, supplies and medicine have been collected for this relief work.

At a meeting recently held, Isabel Hendig Gill, secretary of the Massachusetts League for Preventive Work, gave some startling facts in connection with the 14,000 feeble-minded in the state. She stated that 25 per cent of the inmates of the Charlestown jail come under this class, also that 40 per cent of the Commonwealth money is spent on their care.

THE SOCIAL SERVICE DEPARTMENT of the Massachusetts General Hospital



celebrated its tenth anniversary November 29-30, workers from all over the country joining with the local workers. The work was started in 1905, by Dr. Richard C. Cabot, with one paid worker. There are now 25 paid workers and 30 volunteers under the supervision of Ida M. Cannon. Dr. Cabot announced the gift of \$15,000 from Mrs. Shepherd Brooks, and \$25,000 from Charles Moseley of Newburyport, toward an endowment fund for the Department. In November, Dr. Strong lectured in aid of the Department, on his work in Serbia. He spoke of the hospital in Belgrade as being up to the level of a well-run American hospital, in spite of the many difficulties. He said this condition was mainly due to the efforts of Mary E. Gladwin, class of 1901, Boston City Hospital.

AN INDUSTRIAL NURSES' CLUB was organized November 10, and officers elected as follows: president, Natalie Rudd, Massachusetts General Hospital, of the Plympton Press, Norwood; vice-president, Alice L. Eastman, Boston City Hospital, of the New England Confectionery Company; secretary-treasurer, B. Magee, Protestant Episcopal Hospital, Philadelphia, of the Athenaeum Press, Cambridge.

THE COMMITTEE ON HEALTH AND HYGIENE of the Women's City Club held a meeting November 11, at which Mrs. Jane Barker Homer, formerly superintendent of the New England Hospital, gave a talk on the Care of the Sick in the Home.

THE FOLLOWING LECTURES will be given at the Central Directory during the winter: December 7, Growth of Tuberculosis Work, Dr. Cleveland Floyd. Emma Nichols will speak on the work of the Red Cross. January 14, Experiences of the First Harvard Unit, Dr. Edward H. Nichols. February 2, Question Box Lecture on Contagious Diseases, Dr. Edwin H. Place. March 14, Illustrated Lecture on Transfusion, Dr. Arthur R. Klimpton. April 6, Arteriosclerosis, Dr. James M. Jackson.

Waltham.—THE STATE FEDERATION OF WOMEN'S CLUBS met in November to plan a State Hospital for Inebriate Women. Miss Barrows of the South End Settlement House, presided. The speakers were Irwin H. Neff, superintendent of the State Hospital for Inebriate Men, Alice H. Lothrop, Social Service Worker of Boston, and The Reverend Margaret B. Barnard, of the Unitarian church of Rowe.

Brocton.—DR. STANTON COIT addressed the Women's Club December 6, and the members brought supplies for the Visiting Nurse Association.

#### MICHIGAN

Detroit.—THE WAYNE COUNTY NURSES' ASSOCIATION held its annual meeting in the Medical Building, December 3. Satisfactory monthly and annual reports were read and showed a marked increase in membership and of office work over last year. The special appeal of the committee of the Isabel Hampton Robb Memorial Fund was read by Mrs. Gretter, who urged individual response and effort to interest other nurses in the rapid completion of the fund. A special committee of five was appointed to further the work. Announcement of the January meeting at which Ella Phillips Crandall will speak, was made. The constitution and by-laws were amended to provide for but one secretary, whose term of office shall be for two years. The following officers were elected: president, Zoe LaForge; vice-presidents, Harriet Leck, Mrs. L. E. Gretter; secretary, Melba D. Freedman; treasurer, Effie M. Moore; directors, Mrs. B. L. Harris, Mary McIntee, Emily N. Rankin, Wilhelmina Weying, Mrs. Elsbeth Hosig Vaughn.

On December 9, the Wayne County Association and Red Cross nurses were given an informal reception at the Woman's Federation Building.

THE FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular meeting, November 9, when Zoe LaForge gave an interesting paper on the Baby's Milk Fund. The business meeting followed. Gertrude Barnes was appointed a representative to meet with those of other alumnae associations, and one from the Wayne County Association, to discuss nominations for the American Nurses' Association ticket.

#### MINNESOTA

**Minneapolis.**—MAY M. SCHULTZ, LUTHERAN HOSPITAL, ST. LOUIS, has accepted a position as school nurse. Thora Larson, Swedish Hospital, has accepted a position as superintendent of Powers Hospital, Barrett, Minnesota.

**St. Cloud.**—THE ST. RAPHAEL'S HOSPITAL TRAINING SCHOOL held its graduating exercises in the Auditorium of the Cathedral High School, October 26. Six nurses received diplomas, which were presented by Rt. Rev. Bishop Busch. Rev. Dr. L. Gans gave an address. At the last examination of the State Board of Nurse Examiners, five Sisters of the Order of St. Benedict at St. Raphael's Hospital passed with a high percentage and have received their certificates.

#### MISSOURI

THE MISSOURI STATE NURSES' ASSOCIATION, on October 23, assisted at the dedication and christening of an open-air cottage, erected and furnished by the graduate nurses of St. Louis, for trained nurses who are suffering from incipient tuberculosis or who may need a rest. Mrs. Mary Nelson, a recent appointee of the Governor on the State Board, presided. Margaret McKinley, honorary president of the State Association, responded for the nurses. Dr. Day, president of the Society for the Prevention of Tuberculosis, and Mrs. B. F. Busch made addresses. Miss Bender, president of the local association, then christened the cottage by breaking a bottle of milk on its walls, naming it the Rose Ryffel Cottage for Nurses, saying: "May you, like her, be ever ready to shelter those who are in need of open-air life. May you harbor no Sarah Camps, only future Florence Nightingales."

**St. Louis.**—THE ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION has elected the following officers: president, Harlan Marshall; vice-president, Grace Lieurance; recording secretary, Joyce Ely; corresponding secretary, Mrs. Florence Sturdy Nylander; treasurer, Lucy Funkhouser. Mance Taylor, class of 1908, St. Luke's Hospital, has accepted the position of superintendent of nurses. Beatrice Murdock, class of 1909, Rinehart Hospital, has taken the position of instructor. Elsie Ruffer, former night superintendent, has accepted the position of assistant superintendent at St. Luke's. Elsa Goldberg, St. Luke's Hospital, has accepted the position of assistant superintendent of nurses at the Clarkson Hospital, Omaha, Nebraska. Grace Baptist has resigned as night superintendent of St. Luke's and Ruth Page will succeed her. Julia Galbraith, class of 1915, has taken charge of the operating room and Mabel Heffron, of the obstetrical ward. Lucy Funkhouser and Joyce Ely, both of the class of 1915, are supervisors of private room divisions.

## NEBRASKA

THE NEBRASKA STATE ASSOCIATION will hold its next meeting in David City, January 12.

**Omaha.**—A BAZAAR was held at the recently opened Nurses' Central Club and Registry, on December 7 and 8, and the proceeds, a little over \$300, will be used toward the furnishings of the Club House. The articles were contributed by nurses who showed a hearty interest in this, their first common interest. In order to organize somewhat in the planning for the bazaar, a graduate from each hospital acted as chairman for her hospital and requested her fellow graduates to contribute their share toward the sale. Wise Hospital nurses were responsible for aprons and baby clothes; Clarkson nurses for fancy bags; Lord Lister, household articles; South Omaha, handkerchiefs and neckwear; Methodist, handkerchiefs; Nicholas Senn, candies and aprons; Swedish Mission, candies and neckwear; Douglas County, candies. The superintendent of each hospital dressed a doll in the uniform of her hospital. These dolls were on duty in the corner window of a down-town drug store and orders taken for them, a dressmaker being engaged to help fill the orders. The bazaar was a great success and thanks and appreciation are due the many nurses who so generously lent their aid and coöperation.

ANNA D. SOGARD, graduate of Douglas County Hospital, is now on duty at Hospital Santo Tomas, Republica Panama, Panama.

JESSIE FIELDS, of the Swedish Mission Hospital, has taken charge of the hospital at Lewis, Iowa.

HELEN INCHES, dietitian at Clarkson Memorial Hospital, since her graduation there in 1912, has resigned to take up her duties as club resident at the nurses' Central Club and Registry. Grace V. Bradley is registrar.

RUBY NATIONS, for some time surgical assistant and Roentgenologist to Dr. J. P. Lord, has resigned that position.

HAZEL HENDERSON, class of 1915, Lord Lister Hospital, is now office nurse and surgical assistant to Drs. W. O. and E. C. Henry.

## NEW JERSEY

**Bayonne.**—DAISY C. LARIMORE, superintendent of Bayonne Hospital, has resigned the position.

**Orange.**—MARGARET A. CAMPBELL, class of 1913, Memorial Hospital, has a position in the Good Samaritan Hospital, Dawson City, Alaska, where her brother, Dr. Campbell, has charge. Miss Kennedy and Miss McFarlane are associated with Miss Campbell. The hospital is one of 25 beds and constantly full.

## NEW YORK

**New York.**—THE NEW YORK LEAGUE OF NURSING EDUCATION gave a supper on the evening of November 10, in the Women's Cosmopolitan Club, in honor of Adelaide Nutting, Lillian D. Wald acting as toastmistress. The first speaker was Dr. Cole, director of the Rockefeller Hospital, who spoke of his years of association with Miss Nutting in the Johns Hopkins Hospital and of his interest in the educational problems which she was then endeavoring to work out in the Training School. His special interest was aroused when he began to realize that the efficient conduct of this particular school was not the only matter to which Miss Nutting was devoting her energies, but that she was working to bring about

such vital changes in the essential conditions of nursing work in hospitals as would improve and elevate the nurses' training in all schools. He referred to her introduction of the six months' preparatory course there as the first effort in this country to provide a groundwork in scientific theory, which should precede directly the actual nursing service and practical training in the hospital wards. He expressed his profound sympathy for the whole educational movement for which Miss Nutting stands. Her clear vision had led her to anticipate many of the pressing needs in this field and her courage and ability had enabled her to carry through the necessary practical measures. He concluded with a warm tribute of personal regard and admiration. A letter from Dr. Hurd, for many years superintendent of the Johns Hopkins Hospital, emphasized several of the points made by Dr. Cole and testified to the regard which he and other co-workers held for Miss Nutting and to their appreciation of her invaluable services to the Johns Hopkins Training School. In calling upon Dr. Winslow, director of the new School of Public Health, Yale University, Miss Wald congratulated him and at the same time lamented the appointment which has robbed the Department of Nursing and Health of one of its most beloved and esteemed lecturers. The story of how Dr. Winslow first came to be associated with the work at Teachers College, how he came to be so much interested in nurses and especially in public health nursing, all goes back to the first visit which he paid to Miss Nutting's office. It was her tremendous belief in the importance of the work, and her own contagious enthusiasm which first enlisted his interest and support and made him see the great possibilities of this new factor of the nurse in public health work. Dr. Winslow outlined the conditions and tendencies in this field which call for the trained woman worker and said that while the nurse happened to be the most readily available assistant who could begin to measure up to the varied demands that are piling up in all branches of public health work, she is not yet really ready for the task. She must have a better and sounder preparation and this he felt was a problem of immediate and fundamental importance not to the nurse only but to the people whom she is to serve.

Dr. Bigelow represented Teachers College in the absence of Dean Russell, whose illness was the cause of great concern to everybody. Dr. Bigelow spoke of his long and happy association with the nurses in Teachers College through the Department of Biology, recalled the early days when the work was so tenderly mothered by Miss Alline and told of the satisfaction with which he had watched its steady growth up to the present time. The Department has always had the hearty sympathy and coöperation of the entire Faculty in its efforts to improve this important branch of education, and Miss Nutting was assured that the college would continue to support her in extending and improving the work of the Nursing Department.

A letter was read from Dr. Wood of the Department of Physical Education, expressing his regret for not being present and his profound interest and belief in the work which Miss Nutting is doing in Teachers College. Mrs. Jenkins, the good benefactor of the Department of Nursing and Health was asked to say a few words and told very briefly the history of her connection with Miss Nutting in this branch of educational work. She had been for some time a trustee of Teachers College but it was really due to the suggestion of Miss Wald that she first became interested in the better preparation of nurses for public health work. Confering with Mrs. Robb and Miss Nutting and catching some of their vision and enthusiasm, it was inevitable that she should become deeply interested and that

she should eventually offer her help in making their visions real. The work had grown in a very gratifying way, including the training school field as well as that of public health nursing. Mrs. Jenkins spoke warmly of the great debt we all owe to Isabel Robb, who did not live long to see the accomplishment of her great desire. She looked forward to working shoulder to shoulder with Miss Nutting for many years to come, building on the foundation which had been laid.

Mr. Wright, Deputy Commissioner of Charities in New York City, spoke for Dr. Kingsbury, the Commissioner, who had been called away. Mr. Wright stated that the Department of Charities was greatly indebted to Miss Nutting for many suggestions, especially in regard to the educational work in the hospitals under its jurisdiction. It had been most encouraging to hear from such a good authority that the opportunities available in the city hospitals for the training of nurses were really of an exceptional nature, and he hoped that with proper direction and organization the City would be in a position to offer a sound well-rounded training not only to undergraduate nurses but to graduates who are anxious to prepare for the higher positions in institutions and in the public health field. Miss Wald then introduced Dr. Goldwater, until recently Commissioner of Health in New York City, speaking briefly of his significant services in the cause of health and his long connection with hospital and nursing work. Dr. Goldwater spoke in the happiest vein of his long acquaintance with Miss Nutting, his profound respect for her ability and his warm personal affection for her. He had not yet discovered the exact secret of her influence but he knew that it was great and that few could evade it. His experiences of the past two years in the Department of Health had led him to see the need of many of the things Miss Nutting was working for and from his knowledge of her energy and persistence he felt that they would undoubtedly be realized. On the question of endowments for training schools which she had long advocated, he was in heartiest sympathy and he believed that hospitals generally were beginning to accept the idea that training schools must have a separate budget to provide adequately for the teaching and equipment necessary to a sound educational system. Dr. Goldwater was followed by Dr. Haven Emerson, the present Commissioner of Health in New York City, who has also been for some years associated with the work in Teachers College, as lecturer in Preventive Medicine and Public Health Administration. Like some of the other speakers Dr. Emerson had been drawn into this work almost against his will by the indefatigable Director of the Department and had gradually become infected by her spirit and converted to something of her point of view in the matter of nurses' education for public health work. It necessitated some little readjustment of ideas when he was asked to give a course on Preventive Medicine of the same general quality as that which he usually gave to medical students, but he was willing to risk it, and was still serving under Miss Nutting's banner. Beatrice Kent, Assistant Editor of the *British Journal of Nursing*, brought a message of greeting from the nurses of England and the International Nurses' Association, which also claimed a share in the guest of the evening. She expressed the great pride which nurses generally feel in the work at Teachers College and hoped that a sister department would soon be formed in England as a memorial to Florence Nightingale to whom nursing education the world over is so deeply indebted. Mrs. Cadwalader Jones emphasized especially her belief in a good fundamental education as a preparation for nursing. From a long experience as a member of the Training School Board of the Metropolitan Hospital she had observed that



the best nurses were always the women who started with the best initial education. She felt that much of Miss Nutting's success was due to her excellent preparation. Though not on the official programme, Miss Goodrich, when called upon, added a few words in regard to Miss Nutting's gifts in other directions.

In response, Miss Nutting said, in part: "You have been good enough to speak tonight with great generosity of the services which I have rendered to nursing. Let me reply by speaking to you of the great debt which I owe the profession of nursing. Whatever I have been able to do has been largely because of the extraordinary opportunities which it has brought to me. It brought me first to America, where I found the kind of training school not then well developed in my own country and later it drew me into hospital and other professional work in which I have now been occupied twenty-six years. I count it a privilege and a great happiness to have lived and worked so long in this country and to be able to say that at no time have I been made to feel anything but one of yourselves, a welcomed member of the nursing body. My great sympathy with American ideals, my profound belief in her principles of government, have made it a delight to live among you. I hasten to add that my love for my own country and race remains untouched—a vital part of my being, rooted more and more deeply as the years pass. The debt which I owe to our profession cannot yet be measured; but these are some of the things it has done for me. It first opened my eyes a little to the real things of life, it built up within me certain ideals of service to others and showed me ways of putting them into effective and useful work. It set free such energies as I possessed, and it revealed to me in an entirely new way the purpose of self-discipline and the need for it in life. It gave me the best and most enduring friendships I have ever had. More and more do I realize the value of those early years of close association in work with Isabel Robb, whose commanding mental and personal qualities would have made her a leader in any field of work. She was my teacher and my friend, and her influence, the strongest in certain ways that ever came into my life. Whatever work I may have been permitted to do has been due very largely to her inspiring and energizing influence. And then comes Lavinia Dock, most noble, most unselfish, most largely helpful of women, a student, a scholar, in many ways the greatest spirit that has ever moved in our midst. It was a great thing for a young nurse to accompany Dr. Osler daily in his rounds for years; to stand by him at the bedside, to share in his teaching to his students, and to gather eventually something of his philosophy of life. Whether in the profession or out of it, I would, of course, have known about our chairman, Lillian Wald, as do all good Americans, but it has been a blessed thing in my life to have known well the House on Henry Street, to have seen its marvellous growth and work, and to have come near enough to its chief to have felt the warmth and tenderness of the spirit which guides and animates her. Then come other debts. To Dean Russell would I render my loyal tribute of affection and gratitude for the help he has given us, the significance of which I am sure he hardly as yet realizes. But on that day, sixteen years ago this autumn, when Isabel Robb and I visited the Dean in his office and secured his interest and coöperation in a plan for the special preparation of the heads of training schools, a new era dawned for training schools, a new factor entered into our system of education in nursing—an acceptance for us of principles long accepted in other branches of education that the teacher must be specially trained for her work. And then as our ideals and hopes in this direction were slowly taking shape, there came a new call, and specially educated nurses were asked for to carry further in new forms and into new fields that blessed ministry

in homes and families and schools which was first begun half a century ago by district nurses. Then there came to us a new friend. Guided by the hand of Lillian Wald and inspired by her own generous impulses, Mrs. Helen Hartley Jenkins entered into our lives. She has the distinction of having provided for the first actual instruction in the principles and the practical problems of public health nursing ever given in any country. That her gift to the College was large enough to enable all of the divisions of the Department of Nursing and Health to develop simultaneously should not obscure the fact that it was originally intended largely for the education of the nurse in public health work. It was a gift of unique purpose and value and I represent not myself, but the whole profession of nursing and those whom it serves, in acknowledging our gratitude to Mrs. Jenkins. Our Department, which is really in essence a school, has during the few years of its existence received and taught about 350 students. They have come from 150 different training schools in 29 states, from Canada, England, Germany, Finland, Italy, to Japan. I am very proud to say that the largest number from any one school has come from my own school, the Johns Hopkins Hospital, which has sent 14 students. The schools represented are the leading schools of the country. But perhaps the best thing which the College has done has been to open wide the door to further knowledge. To urge upon nurses that knowledge is a living thing, a part of their power of achievement, and to point out that institutions dedicated, as training schools are, to the cause of education in a very important line, cannot rightfully entertain the idea that knowledge is a danger or an evil. Our profession is surpassingly rich in opportunities for service to mankind, but it must be the best and therefore the most intelligent service of which we are capable. To be able to help in bringing more knowledge to bear upon our problems is a privilege for which I am most grateful. Nothing could I prize more highly than your recognition that I have tried to give this help. I am deeply touched with gratitude for your kindness and filled with a stronger desire to give more devoted and better service to the cause which we all have at heart, in such time as is left for me to work.

**THE NEW YORK CITY LEAGUE FOR NURSING EDUCATION** held its regular monthly meeting at Mt. Sinai Hospital on December 1. An excellent demonstration in practical nursing procedures was presented by a section of the preparatory class. Miss Cadmus, president, and Miss Hitchcock, secretary of the State Board of Examiners, outlined briefly The Weak Points in Practical Work from the Examiners' Standpoint.

**THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL** held its eighteenth annual meeting, November 16, and elected the following officers: president, Mrs. Hugh R. Jack; vice-president, L. L. Evans; recording secretary, Mabel Wilson; corresponding secretary, Marjorie Coats; treasurer, M. K. Smith.

**Schenectady.**—**THE SCHENECTADY COUNTY NURSES' ASSOCIATION** held its regular meeting December 3, at the Edison Hotel. Important business connected with the Central Registry was considered, and Miss Hemmerling was appointed chairman of the committee on arrangements for a card party to be held the middle of January. It is the custom of the association to offer a prize of \$10 to each of the hospitals, to be given to that member of the graduating class writing the best essay on a subject chosen by the association. The subject this year is Child Welfare. It is expected that the programme for the January meeting will be particularly interesting.

**Ogdensburg.**—**MARY BYRNE**, class of 1908, St. Lawrence State Hospital, has been appointed night supervisor of the acute female service.

## NORTH CAROLINA

THE NEW BOARD OF EXAMINERS OF TRAINED NURSES is as follows: president, Thompson Fraser, M.D., Asheville; secretary-treasurer, Lois A. Toomer, Wilmington; Delia Dixon Carroll, Raleigh; Maria P. Allen, Morgantown; Julia Libby, Charlotte.

## OHIO

Cincinnati.—LILLIAN C. MACADAM has accepted the position of superintendent of the Hospital for Children.

Columbus.—THE ALUMNAE ASSOCIATION OF THE GRANT HOSPITAL held its November meeting at the new nurses' home. Dr. Jane Husted gave an interesting account of the work of the Florence Crittenden Home.

Hamilton.—MERCY HOSPITAL formally opened its new home for nurses on November 23, when a reception and banquet was given the doctors and nurses, which included the members of the alumnae association. It was opened to the public, interested in the hospital, on December 8. The home, which is a commodious dwelling remodeled, has ample space for rest and study rooms and a domestic science kitchen. Beatrice Gaffney, graduate of the hospital, has taken the position of head nurse at the Butler County Tuberculosis Hospital.

## PENNSYLVANIA

THE GRADUATE NURSES' ASSOCIATION held its thirteenth annual meeting, in Thomson Hall, College of Physicians, Philadelphia, November 8-10. The session for the registration of members took up the morning of the first day. The afternoon session was opened with prayer by Carl E. Grammer, D.D. The address of welcome was given by Prof. Josiah Penniman, and the response by Roberta M. West. Following the address of the president, Susan C. Francis, the report of the delegate to the Convention of the American Nurses' Association was read. A discussion on the Affiliation of Training Schools by Roberta M. West and S. Lillian Clayton closed the afternoon session. At 8 p.m. interesting demonstrations by student nurses from the Orthopedic, Presbyterian, Jewish, Medico-Chirurgical, Pennsylvania, University and General Hospitals of Philadelphia were given in the Medico-Chirurgical amphitheatre. The third session was opened with prayer by Monsignor Kiernan at 9.30 a.m. November 9. C. I. Milne spoke of the JOURNAL, and discussions followed. After a business session of thirty minutes, Isabel M. Stewart spoke on Curriculum of the Training School for Nurses. The afternoon session opened at 2 p.m. with reports from several alumnae associations. The private nursing section followed, and time was occupied in consideration of Central Registries, and Why Private Nurses Need an Association. An address on The Nurse and Her Opportunities to Aid in the Prevention of Cancer was given by John G. Clark, M.D. Following this the Red Cross Nursing Service, chairman, Mrs. John L. Moyer, gave a report of the work done. The report of the tenth annual meeting of the American National Red Cross was read by Sara M. Murray. At 8 p.m. a banquet was held at the Aldine Hotel, with Margaret A. Dunlop as toast mistress.

The fourth session opened at 9.30 a.m. November 10, with the report of the tellers. The following officers were elected: president, Susan C. Francis; vice-president, S. Lillian Clayton, Lydia A. Whiton; secretary-treasurer, Williamina

Duncan; chairman of the membership committee, Mrs. Margaret L. Kratz; directors, Roberta M. West, Janet G. Grant. Anne W. Goodrich, Teachers College, New York, gave an address on the Opportunities, Responsibilities, and Relation, One to the Other, of the State Association, the Board of Examiners, and the State Inspector of Training Schools. The Public Health Section occupied two hours of the afternoon session, with Marie T. Lockwood as chairman. Settlement work from a Nurse's Standpoint was presented by Anna B. Heldman and Ella Phillips Crandall spoke on Some Recent Developments in Public Health Nursing. The Public Health Nurse was the topic of an address by Charles E. A. Winslow, M.S. The Nurse as a Collector of Statistics was presented by Carol Aronovici, Ph.D. Florence D. Fuller spoke of the Red Cross Town and Country Nursing Service.

All meetings were very fully attended, and interesting features were that time was allotted to each speaker and that discussion of all topics was encouraged and time provided. At the business sessions, routine work was transacted and forty new members elected. The association contributed \$100 from the treasury to the Robb Memorial Fund, and in addition took up a collection.

**Philadelphia.**—THE NURSES' ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL OF PHILADELPHIA held a regular meeting at the Nurses' Club on November 3, with an attendance of twelve. Miss Guthrie and Mrs. Close were chosen as delegates to the meeting of the state association. Three members were accepted from the class of 1915. Each member of the alumnae is delighted to learn that the association is now a member of the American Nurses' Association. The treasurer, Miss Greaney, reports the society in good financial standing; it has contributed generously to various appeals for aid.

THE HAHNEMANN HOSPITAL NURSES' ALUMNAE ASSOCIATION gave a reception and dance to the members of the graduating class of 21 nurses at the Hotel Adelphia on November 12. The association held a regular meeting December 7, when amendments to the by-laws were discussed. Agnes Jacobs, recently returned from the War Zone, gave an interesting account of her experiences.

THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL held its regular meeting on December 6. After the usual order of business, Miss West read her report as chairman of the Committee of Arrangements for the thirtieth anniversary, which was held on November 11, 12 and 13. She told of the assistance she had received from various members in making the plans for the celebration which included: a dinner; a tea at Blockley; a visit to the filtration plant at Forrestdale; a visit to Byberry Farms, where a dinner was served; a reception at the home of Mrs. McNichol; and the use of automobiles for the Byberry trip. It was a matter of regret that there was not a larger number of the out-of-town alumnae present, since the real purpose of the reunion was to rally round the new chief nurse, pledging the support of the members to her efforts to meet the demands that a greater Blockley will make upon her, and to stimulate the pride and interest which all graduates feel in their school. Great credit is due all who helped make the reunion one never to be forgotten. After the reading of this report, the members inspected the work done by the hospital patients and many found pleasure in purchasing articles which showed the great advance in methods of providing employment for what formerly were idle hands.

**Scranton.**—THE ALUMNAE ASSOCIATION OF THE STATE HOSPITAL held a regular meeting at the nurses' home, recently, and one new member was accepted. The ticket for the national association was discussed and a sick benefit was given to one member.

**Pittsburgh.**—**MERCY HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting in the lecture room of the hospital, in September, and elected the following officers: president, Mary Hallisey; vice-presidents, Blance Wisecarver, Margaret Conrad; treasurer, Theresa Vogel; secretary, Mary M. Rau; assistant secretary, Rose G. Nagle. At the October meeting, held on the 30th at Synod Hall, Dr. Green, of Philadelphia, gave an interesting lecture on Making It. The November meeting was held on the 23d and plans were made for the annual dance in April. This meeting was followed by a surprise party, given by the directress of nurses, Sister M. Etheldreda.

#### RHODE ISLAND

**THE RHODE ISLAND ASSOCIATION OF GRADUATE NURSES** held a meeting November 17, at the Memorial Hospital, Pawtucket. Jane Thomas read original poems.

**THE LEAGUE** held a meeting at the same place, December 7. Dr. Albert A. Barrows gave a realistic account of his experiences as a member of the second Harvard Unit, in France.

**Providence.**—**THE RHODE ISLAND LEAGUE OF NURSING EDUCATION** held a meeting at the Nurses' Home, Rhode Island Hospital, November 19. Mrs. Flash, superintendent of nurses of the Boston Homeopathic Hospital, spoke on High Ideals in Nursing.

**THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION** held a meeting in the nurses' home, November 23. Howard Pepper, of the Industrial Trust Company, spoke of Things Every Woman Should Know about Banking, explaining what one may need to do in depositing money, drawing it out, making a will, giving the power of attorney, how to use funds in traveling, the proper and improper ways of drawing checks.

#### VIRGINIA

**THE VIRGINIA STATE BOARD OF EXAMINERS FOR NURSES** will hold its semi-annual examination at the Medical College, Richmond, Virginia, January 19, 20, and 21, 1916. For further information apply to the secretary.

JULIA MELLICHAMPE, R.N.,  
821 Westover Avenue, Norfolk, Va.

#### WEST VIRGINIA

**Huntington.**—**MARY GAULE**, for fifteen years superintendent of the C. and O. Hospital, has been made superintendent of the Marlinton General Hospital.

#### WISCONSIN

**Wauwatosa.**—**THE MILWAUKEE COUNTY HOSPITAL ALUMNAE ASSOCIATION** held its first regular meeting at the nurses' home, October 19, with sixteen members present. It was decided that a new booklet and report be published semi-annually. This booklet will be sent to all members in good standing. One new member was admitted to active membership.



## BIRTHS

On November 8, a daughter, Laura Elizabeth, to Mr. and Mrs. Samuel Dobbin, Jr. Mrs. Dobbin was Emily Willys, class of 1912, Rochester General Hospital, Rochester, New York.

On October 28, a daughter, Ruth Deering, to Mr. and Mrs. E. Shepard Hulse. Mrs. Hulse was Ruth Baker, class of 1904, Memorial Hospital, Orange, New Jersey.

On September 15, a daughter, to Mr. and Mrs. Harold Neville. Mrs. Neville was Lucie Barker, class of 1905, Hahnemann Hospital, Philadelphia.

On November 4, a son, Joseph Hunter, to Dr. and Mrs. Elwood Downs. Mrs. Downs was Lydia P. Smith, class of 1909, Chester County Hospital, West Chester, Pennsylvania.

On November 1, in Starke, Florida, a son, to Mr. and Mrs. R. L. Gale. Mrs. Gale was Louise Boldt, class of 1907, Harper Hospital, Detroit.

On September 19, a daughter, Helen, to Dr. and Mrs. Samuel P. Tipton, of Chongfu, Korea. Mrs. Tipton was Vannie N. Knorr, class of 1912, Presbyterian Hospital, Philadelphia.

On October 28, in Reading, Pennsylvania, a son, Daniel Ermentrout, to Dr. and Mrs. Charles P. Henry. Mrs. Henry was Adelaide Ermentrout, class of 1910, Presbyterian Hospital, Philadelphia.

On November 25, in Philadelphia, a daughter, Jane, to Mr. and Mrs. James Latta. Mrs. Latta was Nancy Smith, class of 1901, Presbyterian Hospital, Philadelphia.

On November 28, a daughter, Janet Dalton, to Mr. and Mrs. Harold Hughes. Mrs. Hughes was Lucille Dalton, class of 1912, Altoona Hospital, Altoona, Pennsylvania.

On November 13, in Lyons, Nebraska, a son, Henry Graham, to Mr. and Mrs. Henry Crellin. Mrs. Crellin was Martha Graham, class of 1910, Douglas County Hospital, Omaha.

On November 11, in Brooklyn, New York, a daughter, to Dr. and Mrs. Jack Balderson. Mrs. Balderson was Doris Tufts, class of 1909, Long Island College Hospital, Brooklyn.

On November 9, a son, to Mr. and Mrs. Lynn. Mrs. Lynn was Sybil Furrow, class of 1912, Iowa Methodist Hospital, Des Moines.

## MARRIAGES

On November 12, Esther Hargraves, class of 1914, Hahnemann Hospital, Philadelphia, to S. N. Woods. Mr. and Mrs. Woods will live in Germantown.

Recently, Katharine Steinhilber, class of 1912, Hahnemann Hospital, Philadelphia, to J. H. McCutcheon, M.D. Dr. and Mrs. McCutcheon will live in Philadelphia.

Recently, Sara Summerville, class of 1913, Hahnemann Hospital, Philadelphia, to G. Cocran. Mr. and Mrs. Cocran will live in West Grove, Pennsylvania.

On September 27, at Harrisburg, Pennsylvania, Augusta Buhl, class of 1907, Germantown Hospital, Germantown, Pennsylvania, to Edward Avery. Mr. and Mrs. Avery will live in Mt. Alto, Pennsylvania.

On November 9, at Fort Wayne, Indiana, Louise Buuck, class of 1911, Lutheran Hospital, Fort Wayne, to Rev. Hugo Hanser. Mr. and Mrs. Hanser will live in McClusky, North Dakota.

On November 19, at San Francisco, California, Florence Annie Washington, class of 1899, Memorial Hospital, Orange, New Jersey., to George William Arney. Mr. and Mrs. Arney will live in San Bruno Park, San Mateo County, California.

On July 13, at Toronto, Canada, Mary L. Stevenson, class of 1906, Hahnemann Hospital, Rochester, New York, to S. Gilliman Stewart. Mr. and Mrs. Stewart will live in Toronto.

On October 19, at Brockville, Ontario, Winifred E. Bacon, class of 1913, Hahnemann Hospital, Rochester, New York, to Harry Inman. Mr. and Mrs. Inman will live in Brockville.

On September 15, at Rochester, New York, Mary E. Foster, class of 1913, Hahnemann Hospital, Rochester, to Robert Craig. Mr. and Mrs. Craig will live in Chicago.

On October 6, at Rochester, New York, Lillian Thomas, class of 1913, Hahnemann Hospital, Rochester, to George L. Graning. Mr. and Mrs. Graning will live in Rochester.

On September 30, Mary Cloud, class of 1914, Chester County Hospital, West Chester, Pennsylvania, to Edward Darlington. Mr. and Mrs. Darlington will live in Altoona, Pennsylvania.

On December 2, Alewa Macgregor, Beverly Hospital, Beverly, Massachusetts, to Charles Augustus Donnell. Mr. and Mrs. Donnell will live in Richmond.

On August 30, Ruth Llewellyn, class of 1915, Presbyterian Hospital, Philadelphia, to Leonard Lettinger.

On November 20, Theresa A. Betterly, class of 1904, St. Lawrence State Hospital, Ogdensburg, New York, to Daniel Brady. Mr. and Mrs. Brady will live in Stockton, California.

On September 21, at Reading, Pennsylvania, Sarah M. Hommer, class of 1912, Altoona Hospital, Altoona, Pennsylvania, to Cloyd E. Snyder, M.D. Dr. and Mrs. Snyder will live in Altoona.

On November 4, at Pictou Landing, Nova Scotia, Ola MacKinnon, class of 1907, Rhode Island College Hospital, Providence, Rhode Island, to George Wilmot Stevens. Mr. and Mrs. Stevens will live in Midway, New Brunswick.

On November 6, at Neligh, Nebraska, Lennah Johnson, class of 1915, Wise Memorial Hospital, Omaha, to Arthur Vaughan. Mr. and Mrs. Vaughan will live in Lander, Wyoming.

Recently, Katharine Jackson, class of 1913, Hahnemann Hospital, Philadelphia, to B. Field. Mr. and Mrs. Field will live in Virginia.

Recently, Edith Gilchrist, class of 1912, Hahnemann Hospital, Philadelphia, to J. W. Conrad, M.D. Dr. and Mrs. Conrad will live in Philadelphia.

On December 7, at her home, Des Moines, Iowa, Susan Clay, graduate of the Iowa Methodist Hospital, to Ross Chandler. Mr. and Mrs. Chandler will live in Cleveland, Ohio.

On October 20, at St. Patrick's Church, Anamosa, Iowa, Margaret Agnes Taney, class of 1915, Mercy Hospital, Dubuque, to Joseph Thomas Hefferman. Mr. and Mrs. Hefferman will live in Anamosa.

## DEATHS

On November 12, in St. Timothy's Hospital, Roxborough, Pennsylvania, Bessie Davis Shields, class of 1900, Chester County Hospital, West Chester, Pennsylvania. Mrs. Shields was the wife of Dr. Edgar Shields, a medical missionary in China, where they lived seven years.

On December 8, at Belleville, New Jersey, Julianne Madsen, class of 1910, Memorial Hospital, Orange, New Jersey. Miss Madsen's death was caused by tuberculosis.

On November 11, at Wallaceburg, Ontario, Canada, Yula Mary Burgess, class of 1914, Farrand Training School, Harper Hospital, Detroit. Miss Burgess' burial was at sunset, and beside her relatives and friends, fourteen of her classmates were present.

On July 25, at the General Hospital, Portland, Maine, Caroline Page Allen, class of 1888, General Hospital, and of the Boston Lying-in Hospital. Miss Allen was buried from her home in Brunswick. Her life was one of high ideals, rare self-sacrifice and devotion to her kindred. The sympathy, kindness and thoughtfulness of the nurses during her last illness were much appreciated by her and helped to relieve her suffering.

In June, at Cherry Valley, New York, M. Isabelle Merritt, a charter member of the American Nurses' Association, a former superintendent of nurses at the Brooklyn Hospital and the founder of the Brooklyn Hospital Training School Alumnae Association, of which she was the only life member. Miss Merritt was a woman of excellent judgment, ability and clear-sightedness, which characterized her administration in the duties of superintendent as well as in raising and sustaining the high standard of the training school. As founder of the Alumnae Association, she is entitled to the gratitude of its members and its growth testifies to the wisdom of its formation. Those who were her contemporaries recall with pleasure her sweetness and strength of character and the grace which marked her intercourse with the undergraduate nurses.

On November 24, at the New York Hospital, Adeline Henderson, directress of nurses. Miss Henderson was a Canadian by birth. She graduated from the New York Hospital in 1892 and did private nursing for several years. She was for a time supervisor of nurses at the House of Relief, an emergency hospital under the jurisdiction of the New York Hospital. For a number of years she very successfully carried the course for trained attendants of the Young Women's Christian Association, resigning in 1907 to take charge of the training school of the New York Hospital, where she remained until her death. Miss Henderson was actively interested in her alumnae association, the City League for Nursing Education, and attended many meetings of the national association. While not able to take an active part in the effort of the New York State Nurses' Association to raise the standards through the amendment to the Nurse Practice Act, she was deeply and openly in sympathy with the proposed legislation. Her affectionate interest in her school and her profession endeared her to all those with whom she came in contact.

On November 5, at Oppeln, Silesia, Germany, Emma Duensing, class of 1897, German Hospital, New York City. Miss Duensing was a native of Belum, Hanover, Germany, but adopted this country as her home. Shortly after graduating she joined the Red Cross. At the time of the Spanish-American War, she was one of the first to be accepted for service and spent six months in Porto Rico,



EMMA DUENSING

and a year in Manila. Miss Duensing did private nursing after her return. Besides being president of her alumnae at the time of her death, an office she had held at a previous term, Miss Duensing had been treasurer of the New York County Registered Nurses' Association, which office she resigned in September, 1915, to take up relief work abroad. She was a member of Camp Roosevelt of the Spanish-American War Nurses and had served as a member of the governing board of the Central Registry for Nurses. She had also served on the local Red Cross Committee. In 1914 she gave up her private duty nursing and under the direction of the New York County Registered Nurses' Association instituted a system of hourly nursing which, through her untiring efforts, was placed upon a firm foundation and through which skilled nursing services were made possible in the homes of those with moderate means.

Her sincere purpose and interest in every phase of her chosen profession, her tact, her kindness, her unfailing courtesy to her fellow-workers and beyond all, her great love for and devotion to humanity, made her an honored member of the various associations with which she was affiliated and attractive to all with whom she came in contact. To know her was to love her and her many friends will always remember her as one of the noble women of the world.

Her death was caused by meningitis, following septic infection, while on duty with the American Physicians' Expedition under Dr. Herman Fisher, and by reason of her services and sad death, she was buried with military honors in her native town.

The new library of the Training School of the German Hospital, New York, will be called the Emma Duensing Memorial Library.

On December 7, 1915, Katherine B. Holden, a retired nurse of the New York Health Department. The Medical Board of the Willard Parker and Riverside Hospitals has expressed in formal resolutions its deep appreciation of the services of Miss Holden and of regret at her death. Miss Holden was in the service of the Health Department for nearly thirty years and did heroic and self-sacrificing work during a number of severe epidemics of typhus, smallpox and diphtheria, being finally retired on a pension, the first nurse to receive this distinction. It is known that at one time when, through lack of help, Miss Holden had to perform the services of matron, nurse and undertaker, she finally contracted typhus herself, of which she fortunately recovered. The Board considers Miss Holden's life a noble example of devotion to duty and her fearless performance of the most difficult tasks, worthy of emulation.



## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

THE HOUSE ON HENRY STREET. By Lillian D. Wald, R.N. Henry Holt and Company. New York. Price, \$1.50.

There can hardly be, in these United States, a nurse to whom the combination of the names of Lillian D. Wald and Henry Street need explanation. Visiting nursing and district nursing look to the Henry Street organization for guidance wherever such work is carried on. There are however many to whom the scope of the Henry Street Settlement has never been revealed, and who will stand amazed at the far-reaching forces that owe their origin, and the source of their activity to *The House on Henry Street*. One cannot but think, as one reads, of the famous Dr. Amboyne of Charles Reade's novel whose motto *Put Yourself in His Place* formed the title of the book where Dr. Amboyne still lives and hardly grows old. Like Dr. Amboyne, Miss Wald makes it her business to get the point of view of every individual and of every group of persons with whom she has to do. If she finds that they are with lavish prodigality working for that which is certain to end in calamity and downfall, her first thought is not condemnation, however positive her disapproval, but to grasp the object that this person is so industriously working to attain and to understand what attainment means to such an one.

To Miss Wald, activity means life, and life in all its phases, she believes, can be made right life if the right forces are set in motion to bring about right ordered living. Ignorance, misunderstanding and the inability to get another's point of view are to her prime factors in impeding progress toward good citizenship and right living, and so large are her plans, so great her vision that the results will go on and on through unborn generations. To a smaller mind it would seem that she had reached attainment, but as she reveals herself in the pages of her book, the work that has already been completed is but earnest of that which is to follow. To get an adequate idea of the magnitude of the task Miss Wald has set herself, you must read the book and for those who have not yet done so there is a treat in store.

Her work is not with individuals only but with great bodies like the Immigration Commission, the Child Labor Committee, Playground Association, The Neighborhood Play House, and many others which,

like these quoted here, owe their organization to ideas that had their inception in the mind of the founder and head worker of the Henry Street Settlement. Like all really great people, Miss Wald is eminently modest. From cover to cover the book is a chronicle of successful achievement; and this in a field where the population is constantly changing; where the poor, the alien and the friendless are constantly arriving. Without trumpet or drum, the tale goes on to tell of mighty effort trained against tremendous abuses, of labor that seemed almost hopeless, but which again and again, as events record, proved the wisdom and righteousness of the mind that planned the work.

It is hard to say where Miss Wald's sympathies are most enlisted. Youth is strong in its power to attract her and among children and young people she spends a large portion of her time, looking naturally for the greater harvest in the future from these young recruits, early trained for good citizenship; but far more touching is her appreciation of the poor old people who appear and pass across the pages of her book. How many in her place, one wonders, would have recognized the true aristocracy in the progeny of a world-old race adhering to the ritual exacted by their religion in spite of starvation, refusing occupation which offered means for a comfortable living rather than abate one jot or one tittle of the law as given in the Pentateuch. Besides her seeing eyes and her quick sensitiveness, she exhibits a very healthy sense of humor. There is no record of the mischief and hurt from enemies, and we may be sure these were not wanting, but the funny situations, the sayings of Mrs. McRae and Tommy, the inventive minds of the children, always asking for more, are made to keep the pages alive with amusing interludes to the graver and sometimes heart-racking experiences that came in every day's work. To miss reading this book is to deprive oneself of a tremendous inspiration and to miss a review of the possibilities which grow out of a nurses' training, of how many doors this training may open to its possessor and of what limitless opportunities it can place ready to her hand.

## OFFICIAL DIRECTORY

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